

<p>Medical Enquiries 0404 464 377</p>	<p>Dr James Corcoran Specialist Anaesthetist ABN: 19 279 885 804 Level 1 Darwin Private Hospital</p>	<p>Billing Enquiries and Payments 08 8945 9800</p>
---	---	--

IMPORTANT INFORMATION ABOUT YOUR ANAESTHETIC

1. Please read this document carefully and answer all the questions (answers are confidential).
2. Sign the consent form on page 2.
3. **Please bring this sheet with you on the day of your procedure** to give to your anaesthetist.
4. Ring 8945 9800 for a quotation for your anaesthetic procedure and to arrange payment.

ANAESTHETIC FEE

- Please call 8945 9800 for a quotation and to arrange payment.
- Full payment may be required prior to your procedure.
- If upfront payment is required but not received, your surgery may be delayed or cancelled.

PREPARING FOR YOUR ANAESTHETIC

- **No food, drinks or chewing gum for at least 6 hours before arriving for your procedure.** Sips of water (1/2 cup per hour) are allowed until 2 hours before arriving for your procedure N.B. water only, no other drinks.
- **Arrange an escort who can collect you from the discharge lounge and stay with you overnight after your anaesthetic.**
- No smoking for 24 hours prior to surgery.
- Please check your current weight.
- Continue your usual medications unless told to stop by your surgeon. Take any morning tablets with a sip of water, at least 2 hours before arriving for your procedure.
- If you have a dressing gown and/ or slippers please bring them with you.

DAY OF SURGERY

- **No food or drinks for 6 hours before your admission time. Sips of water allowed until 2 hours before your admission time.**
- **Bring this sheet and the signed consent form with you.**
- You will be admitted and prepared for your procedure.
- Your specific anaesthetic procedure will be discussed with you when your anaesthetist assesses you before your procedure.
- If appropriate, you will be able to walk into theatre.
- In theatre, monitoring equipment will be connected and you will be given supplemental oxygen. A small canula will be inserted into a vein on your arm or hand.
- Depending on the procedure, anaesthetic risks include nausea and vomiting, sore throat, dental damage, awareness and allergic reaction.

AFTER SURGERY

- Go straight home and rest.
- Do not drink alcohol, drive a car or operate machinery until after at least the day after surgery, or longer if you do not feel "back to normal".
- Ring 8945 9800 if you wish to discuss any concerns relating to your anaesthetic with your anaesthetist.

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

1. Have you ever had a heart attack, angina or stroke? (Please circle) YES / NO
2. Do you have diabetes and take tablets or insulin injections for treatment? YES / NO
3. Do you weigh over 140 kg or have sleep apnoea? YES / NO

If you answered yes to any of the above questions, please call 8945 9800 to discuss need for an appointment with your anaesthetist.

Age _____ yrs Current Weight _____ kg

4. List any medications you are allergic to, and the reaction that you had. _____ YES / NO

5. Have you or your direct family ever had any problems with an anaesthetic? _____ YES / NO
6. Please list any medications you are prescribed by your doctor(s). Include any herbal medication or vitamins you are currently taking (attach list if required). _____

7. Do you have any serious anxiety or nervous conditions? _____ YES / NO
8. Do you have any infectious condition (Hepatitis, HIV, etc)? _____ YES / NO
9. Do you smoke? YES - smokes per day & for how many years? _____ NO
10. Do you drink? YES - standard drinks per week? _____ NO
11. Do you use recreational drugs? If yes, what drug(s) and when was last use? _____ NO
12. Does your job require you to work at heights or operate heavy machinery? YES/NO

CONSENT FOR ANAESTHESIA

I,(full name).....(DOB)
of,(address)
hereby give medical and financial consent to anaesthesia for my surgery.

I have read the information sheet. I understand and accept the medical risks and financial costs.

Signed (patient)Date...../...../.....

Signed (witness/ guardian if under 18yrs).....Date...../...../.....

Signed (anaesthetist).....Date...../...../.....

SURGEON Date of Surgery

Procedure..... Your Ph: