



## Patient's health condition statement: analgo-sedation for gastrointestinal endoscopy

Patient's full name: : .....

PESEL / date of birth: ..... Patient ID: .....

Body weight: ..... Height: .....

The statement must be completed before reporting for the examination. The information obtained by answering the following questions will allow the anaesthetist to select the most appropriate way of analgo-sedation and increase your safety before, during and after the analgo-sedation.

**1. Have you had any procedures performed under anaesthesia or sedation?** \_\_\_\_\_ YES / NO

**2. Have you had complications after anaesthesia or sedation?** \_\_\_\_\_ YES / NO

Which ones? .....

**3. Do you take medicines permanently?** \_\_\_\_\_ YES / NO

Which ones? .....

**4. Are you undergoing treatment for cardiovascular diseases?**

• Myocardial infarction \_\_\_\_\_ YES / NO

• Hypertension \_\_\_\_\_ YES / NO

• Coronary artery disease \_\_\_\_\_ YES / NO

• Abnormal heart rhythm \_\_\_\_\_ YES / NO

**5. Are you undergoing treatment for respiratory diseases?**

• Chronic obstructive pulmonary disease (COPD) \_\_\_\_\_ YES / NO

• Asthma \_\_\_\_\_ YES / NO

• Other \_\_\_\_\_ YES / NO

**6. Do you have diabetes?** \_\_\_\_\_ YES / NO

**7. Do you have any thyroid diseases?** \_\_\_\_\_ YES / NO

**8. Are you undergoing treatment for nervous system diseases?**

• Epilepsy \_\_\_\_\_ YES / NO

• Stroke \_\_\_\_\_ YES / NO

• Other \_\_\_\_\_ YES / NO

**9. Are you undergoing treatment for other chronic diseases?** \_\_\_\_\_ YES / NO

Which ones? .....

**10. Allergies:**

• Medications \_\_\_\_\_ YES / NO

Which ones? .....

• Soya \_\_\_\_\_ YES / NO

• Contact allergies, e.g. to adhesive strips \_\_\_\_\_ YES / NO

**11. Are you pregnant or breastfeeding?** \_\_\_\_\_ YES / NO

Patient's full name: .....

PESEL / date of birth: .....

## Consent to analgosedation

**I, the undersigned, declare** that, having completed the above form and interviewed the anaesthetist regarding pre-, intra- and post-operative management, I have understood the explanations and asked all questions of interest to me, in particular regarding the type of analgosedation, its advantages, disadvantages and the possibility of complications. My questions were answered with complete and fully comprehensible explanations. After careful consideration, I agree to use the proposed analgosedation and to perform the analgosedation-related procedures explained to me by the physician.

**I also agree** with medically justified measures (e.g. fluid transfusion, additional intravenous injection) where there is a risk of permanent damage to health or loss of life.

.....

(Date and legible signature – name and surname of the Patient/statutory representative or legal guardian)

## Physician's Statement

I declare that I have informed the Patient about the planned analgosedation, I have presented information on analgosedation, I described its purpose and the manner in which it is performed as well as the actions after analgosedation. I have also presented alternative options. I presented contraindications, possible complications and risks resulting from analgosedation. I have provided the Patient with the opportunity to ask questions and gave all necessary information.

I have reviewed the questionnaire completed by the patient and I find no contraindications to performing analgesia/sedation.

.....

(place, date)

.....

(stamp and signature of the physician)

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