

5. Has your child recently visited a specialist due to a medical condition?

Yes No

If so, please specify:

First name and last name of the doctor	Phone number	Why?	When?

6. Does your child have any allergies?

Yes No

If so, which? (e.g. medication, plasters, iodine, latex, food)

7. Has your child ever had problems with anaesthesia?

Yes No

If so, please explain:

8. Does your child regularly take medication?

Yes No

If so, which medication?	How often does your child take the medication?

Please also complete pages 1 and 3.

9. Does anyone in your family have any problems with anaesthesia?

Yes No

If so, which? Please explain:

10. Does your child have or have they ever had any of the health problems listed below?

Heart problems	If so, which?	No
Asthma	If so, when?	No
Other breathing problems	If so, which?	No
Heartburn/acid reflux	If so, when?	No
Diabetes	Yes	Normal
Seizures (epilepsy)	If so, how often?	No
Dizziness	If so, when?	No
Claustrophobia	If so, when?	No
Back problems	If so, which?	No
Frequent nose/gum bleeding	Yes	No
Frequent bruising	Yes	No
Anaemia	Yes	No
Kidney problems	If so, which?	No
Liver problems	If so, which?	No
Are your child's vaccinations up to date?	Yes	No
Has your child been exposed to measles, rubella, chickenpox or other infectious diseases in the last three weeks?	If so, which?	No
Are there any hereditary diseases present in your family?	If so, which?	No

11. Does your child suffer from any other health problems not mentioned above?

Yes No

If so, which?

I hereby declare that the information I have provided is correct:

Place, date

Signature of parent or legal guardian