MEDICON a.s.
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Questionnaire - Medical Condition Information:

Patient's Name and Surname: **Birth Registration No:**

To minimise the risk of significant bleeding, allergic reactions, or other complications, please answer the following questions:

1. Do you take any medications regularly, including birth control pills? Please specify which ones:

2. Have you experienced an allergic or adverse reaction to medications or anaesthetics in the past?

Provide details:

3. Do you take blood-thinning medications (Warfarin, Aspirin, Anopyrine, Godasal, Eliquis, Xarelto, Fraxiparine and others)?

4. Do you or a family member have an increased tendency to experience bleeding, even with minor injuries?

☐ yes ☐ no

5. Are you undergoing or have undergone any chemotherapy? ☐ yes ☐ no

6. Do you smoke? ☐ yes ☐ no

7. Do you have a cardiac pacemaker, heart problems or asthma? ☐ yes ☐ no

8. Do you have an abdominal or inguinal hernia or other abdominal wall abnormality? ☐ yes ☐ no

9. Have you had small or large intestine surgery in the past? ☐ yes ☐ no

10. Have you had abdominal or pelvic surgery in the past? ☐ yes ☐ no

11. Any Allergies – to medications or others? ☐ yes ☐ no

12. Do you suffer from any serious illnesses? ☐ yes ☐ no

- High blood pressure ☐ yes ☐ no
- Diabetes ☐ yes ☐ no
- Hepatitis - hepatitis A, B, C, and other infectious diseases ☐ yes ☐ no
- Thyroid gland diseases ☐ yes ☐ no
- Glaucoma - green cataract ☐ yes ☐ no
- Epilepsy ☐ yes ☐ no