

Pre-operation Assessment Form

Personal Details	
Name	
DOB	
Address	
Home Number	
Mobile Number	
Work Number	
E-mail	

Please complete the following as it is important for us to have this information so that we can proceed with the operation

Question	Yes	No	Details
Do you have any long-term conditions for which you take regular medication? If yes, please provide details			
Are you taking any other medication either from your doctor or from the pharmacy? If yes, please provide details			
Have you had a local anaesthetic before? If yes, please provide details			
Are you allergic to anything?			

Have you ever been diagnosed with Hepatitis B or C or HIV? If yes, please provide details			
Have there been any changes to the area concerned since you were referred by your doctor? If yes, please provide detail			

Please read the minor operation service information leaflet and indicate that you have understood and agree with the details. If you require more information on anything the doctor will be happy to discuss it with you when you attend the operation.

	Happy with information provided	Further information needed
The procedure is carried out at the surgery under the NHS		
The possibility of scarring from the procedure		
The possibility of wound infection		
The possibility of local bruising and swelling		
The possibility of needing pain relief		
The importance of rest and elevation of the limb if needed		
That when samples have been sent to the lab, you will be informed at the time and the results process		
That someone drives you home		

Signature:

Date: