

# SOCIAL QUESTIONNAIRE

Please answer all questions		
	<b>YES</b>	<b>NO</b>
Can you make arrangements for someone to collect you and your child, take you home following discharge ?		
	<b>DETAILS</b>	
Name of person accompanying child on day of admission (parent or legal guardian)		
Name of person caring for the child 24 hours after the operation if different from parent		

I confirm to the best of my knowledge the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please give the completed form to the Pre-Op Assessment staff before leaving the clinic**

## Pre-operative Plan

## Anaesthetic Review



Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Addressograph

# Paediatric Surgical Booking Form & Health Screening Questionnaire

## PARENTS/LEGAL GUARDIANS DETAILS

Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Do you have legal responsibility for the child Yes  No   
 If no' who is legally responsible? \_\_\_\_\_  
 Address (if different to child) \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Numbers \_\_\_\_\_  
 Home \_\_\_\_\_  
 Mobile \_\_\_\_\_ Work \_\_\_\_\_  
 Most reliable number to contact \_\_\_\_\_ Social Worker \_\_\_\_\_

## TO BE COMPLETED BY SURGEON

**OPCS Code** \_\_\_\_\_ Priority  Urgent  Routine  Time frame   
 Not suitable for registrar Yes  No   
 Consultant Surgeon \_\_\_\_\_ Case listed by \_\_\_\_\_  
 Date \_\_\_\_\_ Diagnosis \_\_\_\_\_  
 Planned Op: \_\_\_\_\_  
 Diagnostic:  Treatment:   
 Estimated duration of surgery (excluding anaesthesia): \_\_\_\_\_  
 Source of Referral \_\_\_\_\_  
 X-ray required: \_\_\_\_\_  
 Special Equipment: \_\_\_\_\_

Admission Area:	Day	23.59	Inpatient	Dental		
	OWL	OWL	OWL	Chair	OWL	INPT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Potential for Pooling  
 Consultant Surgeon Yes  No   
 Parent/Guardian Yes  No   
 Dates Unavailable:  
 From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 TCI \_\_\_\_\_ TCI Cancellation (reason) \_\_\_\_\_  
 TCI \_\_\_\_\_ TCI Cancellation (reason) \_\_\_\_\_

