



**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

PRE-OPERATIVE RECORD

Patient's Name:					MRD No./UHID No.	
Age:	Gender	M	F	O	Ward No.	
Date of Admission	DD/MM/YY				Bed No.	
Provisional Diagnosis						
Examined By (Surgeon Name)						

1. Informed Consent for Surgery/Operation:

Informed Consent

Patient's/Relative's General Consent: I/we agree to get myself/my/our relative admitted under this Hospital to undergo Operation/Surgical Treatment as decided by the Hospital authorities and I am to also abide by the Schedule of changes, rules and regulations as they arise and as desired by the Hospital/Hospital Authority.

Patient's Signature: _____

Signature of Relative/Responsible person: _____

Date: _____

Ka Jingmynjur

Ka Jing ai jingbit jong U/Ka Nongpang/Bahaiing Nongpang: Nga u Nong pang ne Nga (U/Ka Bahaiing jong u/ka Nongpang) nga mynjur ba ka Hospital kan ai ia ka/ki jingsumar na ka bynta ka jingkoit jingkhiah jong nga/(U/Ka bahaiing jong nga) kat kum ki jingpynbeit na ka hospital. Nga/Nga (U/ka Bahaiing u/ka Nongpang nga) kular ba ngan iai neh bad kino kino ki jingkylla ha ki rukom sumar kat kum ka jingpynbeit bad jing donkam jong ka hospital na ka bynta ka koit ka khiah jong nga/(u/ka bahaiing jong nga).

Ka Shap (Signature) U/Ka Nongpang: _____

Ka Shap (Signature)jong U/Ka Nongpang: _____

Tarik: _____

Ma'sigrikeSonggirikani

Sagipamandeni/ma'drangmahariniku'monggrike see joteon'ani: Angaan'tangko/angni/chingnima'drangbaksako, ia _____ hospitalo, dongesannabannagitaku'mongnangrime, see on'enga. Be'entangko, sabisikosandienina/ be'ennisabisikoporikka ba be'enko rate (operation) sannanikodakna, mamungbanengnikani ba champenganigripakwateon'enga. Anga/chingahospitalkochalaidilenggiarangniamreti-rangkomamungnengnikanigrianjariknaku'rachakera'enga.

Sagipanisoi/bimung: _____

Ma'drangnisoi: _____

Tarik: _____



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

2. General Examination:

Pulse	
BP	
Temperature	

Pre-operative Checklist			Remarks
Diabetes	YES	NO	
Jaundice	YES	NO	
Sensitivities	YES	NO	
Prior Transfusion	YES	NO	
Contraceptives	YES	NO	
Anti-Coagulants	YES	NO	
Antihypertensive	YES	NO	
Diuretics	YES	NO	
Smoking (per day)	YES	NO	
Corticosteroids	YES	NO	
Alcohol (per day)	YES	NO	

3. Systemic Review

CVS	
CNS	
Abdomen (GIT)	
RS	
Blood Group	
Weight	

4. Investigation/Lab Investigation:

--

5. Pre-Operation Medication advice by the Surgeon/Anaesthetist/Medical Specialist:

--

6. Surgeon's/Anaesthetist/Medical Specialist Name: _____

7. Signature: _____

8. Date: _____

Time: _____



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

Informed Consent for Transfusion of Whole Blood/Blood Products:

Informed Consent

I/(I on behalf of the patient) consent to the administration of blood transfusion/other blood components in such amounts and at such times as may be deemed advisable in the judgement of my attending doctors.

Name and Signature of Patient or Relative of Patient: _____

Name, Designation and Signature of Doctor who informed the Patient: _____

Time: _____

Date: _____

Ka Jingmynjur

Nga/(Nga Ka Bahaiing u/ka Nongpang) nga mynjur ia ka jingpynbeit jong ka hospital na ka bynta ka snam jong nga/(u/ka nongpang) la ka long ha ka jingdonkam ne la ka long katnokatnosien kat kum ba ka hospital ka I bit na ka bynta ka koit ka khiah jong nga/(u/ka Nongpang).

Kyrteng bad ka shap (Signature) jong u/ka nongpang/(Bahaiing jong u/ka nongpang): _____

Kyrtengabd ka shap (signature) u/ka Doctor ba ai ka ia jingbatai: _____

Por: _____

Tarik: _____

Ma'sigrikeSonggirikani

(Sakgipinnian'chikobe'entangora'chakanina)

Anga/ Angasagipanipalo, sakgipinnian'chiko ba an'chibaksadongchapgipabakrangko, be'entangora'chakna (transfusion) jegitabaarobaditachangna, sanenggipadoctorrangninikanioangna/saenggipamandenananggenchimuagitaon'china, mamingneng'nikanigripakwatenga.

Sagipamandeni/ Ma'drangnisoiarobimung: _____

Je Doctoran, sagipana/ ma'drangnaan'chion'chakanigimintalatahachimunisoiarobimung: _____

Somoi: _____

Tarik: _____

Surgeon's/Anaesthetist Name: _____

Signature: _____

Date: _____