

PROFESSOR GREG BAIN

MEDICAL HISTORY QUESTIONNAIRE

NAME: DOB

The following conditions / medications have implications for you if you are considering surgery, please read this form and complete the items which apply to you.

MEDICAL CONDITIONS

- | | |
|--|--|
| <input type="checkbox"/> COAD - Emphysema | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> COAD - Asthma | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Heart Valve Disease | <input type="checkbox"/> Pulmonary Embolus |
| <input type="checkbox"/> Hepatitis B or C | <input type="checkbox"/> Sleep Apnoea |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Stent |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Other | |

HEIGHT WEIGHT BMI

PLEASE LIST ANY PREVIOUS OPERATIONS THAT YOU HAVE HAD.

IF YOU HAVE HAD ANY PROBLEMS WITH AN ANAESTHETIC IN THE PAST PLEASE LIST THEM HERE.

MEDICATION

- | | |
|---|---|
| <input type="checkbox"/> Aggtastat | <input type="checkbox"/> Cartia |
| <input type="checkbox"/> Apixaban / ELIQUIS | <input type="checkbox"/> Coumadin / WARFARIN |
| <input type="checkbox"/> Arixta | <input type="checkbox"/> Clopidogrel / ISCOVER |
| <input type="checkbox"/> Asasantin SR | <input type="checkbox"/> Clopidogrel / COPLAVIX |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Clopidogrel / PLAVIX |
| <input type="checkbox"/> Astrix | <input type="checkbox"/> Dabigatran / PRADAXA |
| <input type="checkbox"/> Cadriprin | <input type="checkbox"/> Rivaroxaban / XARELTO |
| <input type="checkbox"/> Other | |

PLEASE LIST ANY ALLERGIES TO DRUGS, FOOD, TAPES ETC.

Latex Allergy YES NO