

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

Pregnancy		Pulmonary Embolus	
Heart Valve Disease		Kidney Disease	
Stent		Liver Disease	
Pacemaker		Thyroid Disease	
Diabetes		Bleeding Disease	
COAD-Emphysema		Stroke	
Asthma		Sleep Apnoea	
HIV		Hepatitis B or C	

PREVIOUS SURGERY

Please list any previous operations that you have had.

ANAESTHETIC PROBLEMS

If you have had any problems with an anaesthetic in the past please list them here:

MEDICATION

Coumadin	Warfarin		Asprin	
Clopidogrel	Iscover		Aggtastat	
	Plavix		Arixta	
			Asasantin SR	
Prednisolone			Astrix	
			Cadriprin	
			Cartia	

ALLERGIES

Please list any allergies to drugs, foods, tapes etc :

Latex Allergy	yes	no