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

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

HEIGHT …… **WEIGHT** …… **BMI** ……

PLEASE LIST ANY PREVIOUS OPERATIONS THAT YOU HAVE HAD.

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

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MEDICATION

- ☐ **Aggtastat**
- ☐ **Apixaban / ELIQUIS**
- ☐ **Arixta**
- ☐ **ASASANTIN SR / Dipyridomole**
- ☐ **Aspirin**
- ☐ **Astrix**
- ☐ **Cadriprin**
- ☐ **Other Blood Thinners ……**
- ☐ **Other ……**
- ☐ **Cartia**
- ☐ **Coumadin / WARFARIN**
- ☐ **Clopidogrel / ISCOVER**
- ☐ **Clopidogrel / COPLAVIX**
- ☐ **Clopidogrel / PLAVIX**
- ☐ **Dabigatran / PRADAXA**
- ☐ **Rivaroxaban / XARELTO**
- ☐ **Ticagrelor / BRILINTA**

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

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Latex Allergy YES NO