PROFESSOR GREG BAIN
MEDICAL HISTORY QUESTIONNAIRE

SURNAME: ______________________ **FIRST NAME**: ______________________

Mr / Mrs / Miss / Ms / Dr / Other __________ **DATE OF BIRTH**: __________________

TODAYS DATE: ____

MEDICAL CONDITIONS:

- ☐ COAD – Emphysema
- ☐ COAD – Asthma
- ☐ Diabetes
- ☐ Heart Valve Disease
- ☐ Hepatitis B or C
- ☐ HIV
- ☐ Hypertension
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Pacemaker
- ☐ Previous weight loss surgery
- ☐ Pregnancy
- ☐ Pulmonary Embolus/DVT
- ☐ Sleep Apnoea
- ☐ Antibiotic induced colitis
- ☐ Heart Attack
- ☐ Bypass / Stent
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Previous MRSA Infection
- ☐ VRE Infection
- ☐ Other: ______________________

HEIGHT: ________________ **WEIGHT**: __________________ **BMI**: _________

OPERATIONS (Please list previous arm operations AND other major operations):

____
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____

ANAESTHETIC PROBLEMS:

____
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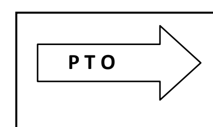
____

ALLERGIES (Please list any allergies to drugs, foods, tapes etc):

____
____

Latex / Rubber Allergy YES NO



OTHER CLINICIANS (please list any other Clinicians you have previously/currently see (eg Cardiologist, rheumatologist, Respiratory Physician – add contact details if you have them)

NAME: ______________________________

NAME: ______________________________

NAME: ______________________________

MEDICATION (Please tick medication currently prescribed by your Doctor)

BLOOD THINNERS:

- ☐ Aspirin
- ☐ Astrix
- ☐ Aggrastat (Tirofiban)
- ☐ Eliquis (Apixaban)
- ☐ Pradaxa (Dabigatran)
- ☐ Brilinta (Ticagrelor)
- ☐ Plavix (Clopidogrel)
- ☐ Isocover (Clopidogrel)
- ☐ Cartia
- ☐ Cadriprin
- ☐ Arixta (Fondaparinux sodium)
- ☐ Asasantin (Dipyridomole)
- ☐ Xarelto (Rivaroxaban)
- ☐ Warfarin (Coumadin)
- ☐ Coplavix (Clopidogrel)
- ☐ Other: ____________________

RHEUMATOID ARTHRITIS MEDICATION:

- ☐ Methotrexate
- ☐ Arava (Leflunomide)
- ☐ Cimzia (Certolizumab) (H/L 14 days)
- ☐ Humira (Certolizumab) (H/L 14 days)
- ☐ Enbrel (Etonercept) (H/L 80hrs)
- ☐ Simponi (Golimumab) (H/L 12+/- 3 day)
- ☐ Remiade (Infliximab) (H/L 8-9 ½ days)
- ☐ Other: ____________________

DIABETIC MEDICATION:

- ☐ Insulin
- ☐ Metformin
- ☐ Forxiga (Dapagliflozin)
- ☐ Qtern (Dapagliflozin & Saxagliptin)
- ☐ Jardiamet (Empagliflozin & Metformin)
- ☐ Steglatro (Ertugliflozin)
- ☐ Steglujan (Ertugliflozin & Sitagliptin)
- ☐ Xigduo (Dapaglifozin & Metformin)
- ☐ Jardiance (Empagliflozin)
- ☐ Glyxambi (Empagliflozin & Linagliptin)
- ☐ Segluromet (Ertuglifozin & Metformin)
- ☐ Other: ____________________

OTHER:

- ☐ Prednisolone: ____________________
- ☐ Other: ____________________