

MEDICAL HISTORY

Have you had any of the following? (Please tick YES or NO)

Diabetes: Type 1 – Insulin Type 2 – Oral Medication Type 2 – Insulin Diet Only

YES / NO

- Heart Ailment
- High Blood Pressure
- Stroke (CVA)
- Heart Attack
- High Cholesterol
- Excessive Bleeding
- Thrombosis / Blood Clot

YES / NO

- Asthma
- Shortness of breath
- Chest pain on exercise or at night (Angina)
- Rheumatic Fever
- Epilepsy / Fit / Convulsion
- Indigestion / Heartburn / Ulcer
- Hepatitis: A B C

YES / NO

- Kidney Disease
- Glaucoma
- Arthritis
- HIV

Are you allergic to or had adverse reactions to anything at all: _____

Please list any major surgical procedures & year of surgery: _____

Have you or any of your family had problems with anaesthetic in the past? YES NO

If yes, please explain: _____

Please list all current medication and dosage (please attach additional list if required): _____

When did you last take Aspirin / Anticoagulants? _____ How many do you take per day? _____

Do you have any prosthetic implants? YES NO

If yes, please list: _____

Do you have any health problems or family history which has not yet been mentioned? YES NO

If yes, please list: _____

How did the injury occur? (If applicable to this admission): _____

Where did the injury occur? _____

Do you smoke? YES NO If yes, how many per day? _____ How many years have you smoked? _____

Are you pregnant? YES NO Number of completed weeks pregnant? _____

Do you receive community services (e.g. meals on wheels, home help, home nurses?) YES NO

If yes, please list: _____

Do you have a responsible adult to accompany you home and stay with you overnight? YES NO

I have completed this medical history questionnaire to the best of my knowledge and understand that failure to fully disclose previous medical history, present medical conditions, known allergies, use of recreational drugs, alcohol or tobacco place me (and others) at undue medical risk and I hereby take **full responsibility** for the accuracy of the information I have provided.

SIGNATURE: _____ **DATE:** _____