*PRECISION COSMETIC SURGERY*

*Patient Medical History*

Patient Name: D.O.B

|  |  |  |
| --- | --- | --- |
| **Have you had / or do you have any of the following?** | **Yes** | **No** |
| 1. Do you have any allergies to any drugs or substances that you know of? If so please list  |  |  |
| 2. Are you allergic to shellfish or seafood? |  |  |
| 3. Has there ever been a problem with general anaesthetic, sedation, pethidine, valium or similar drugs, local anaesthetic or adrenaline? |  |  |
| 4. High Blood Pressure? (Hypertension) or Low Blood Pressure? |  |  |
| 5. Heart Problems? (including Rheumatic Fever) |  |  |
| 6. Angina / Chest Pains / Palpitations? |  |  |
| 7. Diabetes? |  |  |
| 8. Hepatitis? |  |  |
| 9. HIV/AIDS? |  |  |
| 10. Blood clots or bleeding disorder? |  |  |
| 11. Epilepsy / Fits? |  |  |
| 12. Headaches / Migraines / Dizziness? |  |  |
| 13. Kidney Problems? |  |  |
| 14. Asthma / Bronchitis / shortness of breath (Please Circle) |  |  |
| 15. Neck stiffness or neck fusion? (Please Circle) |  |  |
| 16. Sleep apnoea?  |  |  |
| 17. Have you ever had a Boil, Abscess, external infection or breast infection which required antibiotic treatment? |  |  |
| 18. Any other medical conditions? |  |  |
| 19. What operations have you had? |  |  |
| 20. Are you taking any blood thinning medication? Eg: Warfarin, Aspirin or Cartia? |  |  |
| 21. Have been taking any form of steroid (eg Cortisone) recently? |  |  |
| 22. What medications are you currently taking? |  |  |
| 23. Do you have any trouble swallowing capsules or tablets? |  |  |
| 24. Do you smoke? If yes, how many cigarettes per day? |  |  |
| 25. Have you smoked in the past? If yes, how many years, and how many packs on average per day? |  |  |

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| 26. **Have you ever injected yourself with Drugs? (Please answer honestly as this may mean the drugs we use to sedate you may not work as well)** | **Yes** | **No** |
| 27. Have you ever seen a psychiatrist? |  |  |
| 28. What is your current occupation? (So that we can take into account the physical demands of your job) |  |
| 29. Current weight? (Estimate if unsure) |  |

*I confirm that the information I have given above is correct*

*Print Name: Signature:*

*Date ­­­­­­­*