General Medical History [Date / /]

Jonathan Mulford
ORTHOPAEDIC SURGEON

Name: **Age:**

Weight (kg) Height (cm)

MEDICAL CONDITION	Details
Heart	
Hypertension	
Diabetes	
Lung	
Bleeding disorders	
Deep Vein Thrombosis	
Pulmonary Embolism	
Stomach Ulcers (Peptic Ulcer)	
Cancer	
HIV/AIDS	
Rheumatoid Arthritis	
Psoriasis (Skin Disease)	
Gout	
Renal (Kidney) Problems.	
Anxiety or Depression	
Liver eg Hepatitis,Haemochromatosis	
Other Conditions:	

Do you drink alcohol?		How many glasses per day?
Do You Smoke?		How many years? How many a day?
Did you previously smoke?		When did you stop? For how many years?

Previous Operations

Heart Bypass Heart Stents Thyroid Prostate Varicose Veins Appendix Gall bladder
Hysterectomy Laparotomy Carpal tunnel Arthroscopy Spinal surgery Joint replacement

Difficulties with anaesthetics? Yes / No

Medications:

Drug	Dose	Frequency

Allergies:

	Reaction