

General Medical History**Name:****Age:**

Weight (kg)

Height (cm)

BMI=

MEDICAL CONDITION	Details
Heart	
Hypertension	
Diabetes	
Lung	
Bleeding disorders	
Deep Vein Thrombosis/Varicose Vein Surgery	
Pulmonary Embolism	
Stomach Ulcers (Peptic Ulcer)	
Cancer	
HRT/OCP	
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	

[Type text]