DR RALPH STANFORD
ORTHOPAEDIC SPINE SURGEON

Medical History Form

Please answer the following questions about your general health

Name: _____ Weight (kg): _____ Height (cm): _____

With regard to your current and past health, tick YES or NO for the conditions listed below.

	YES	NO		YES	NO
HEART DISEASE			HIGH BLOOD PRESSURE		
STROKES			HEPATITIS (liver virus or disease)		
DIABETES (high blood sugar)			HIV/AIDS		
KIDNEY DISEASE			CANCER		
BREATHING PROBLEMS			DIFFICULTIES WITH ANAESTHESIA		
BLEEDING DISORDER			DEEP VEIN THROMBOSIS (blood clots in the leg)		
OSTEOPOROSIS			PULMONARY EMBOLISM (blood clots in the lung)		

If you ticked YES for any of the above, please describe your condition and its treatment.

What medications are you taking now?

List any operations you have had.

Have you suffered major complications after surgery? If so, what happened?

If you have, or previously had, a condition not included above, please list.

Are you allergic to any medications? (circle) NO YES..... **If YES, please specify the drug and the reaction:**

How much alcohol do you drink?

None ☐ Not much = less than one drink a week ☐ Most days - number of drinks each day ☐ Most weekends – number of drinks at the weekend ☐

How much do you smoke?

Never smoked ☐ Occasionally ☐ Number of cigarettes per day ☐ Or, when did you quit? ☐