A/PROF RODERICK KUO

MEDICAL HISTORY SHEET

Name...Age...........................years

Have you had or now have:

	YES	NO		YES	NO
Cancer			Difficulties with anaesthetic		
Diabetes			Arthritis		
Kidney disease			AIDS		
Asthma			Hepatitis		
Emphysema			Herpes		
Any other lung problems			Sleep apnoea		
High blood pressure			Thyroid disease		
Heart murmur			Bleeding disorder		
Heart attack			Stomach ulcer		
Stroke			Epilepsy		
Deep vein thrombosis (DVT)			Do you smoke? /day		
Varicose veins			Average alcohol consumption /day		
Depression					

Further Medical Details:..

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Previous Surgery:...

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Do you suffer an allergy? If **YES**, please give details...

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Current Medications:..

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Female History - Currently taking birth control pills Yes/No   Hormonal Treatment - Yes/No

I have carefully read the above and certify that the information I have given is correct to the best of my ability.

Signature...Date...