



Medical Questionnaire

To ensure the safest possible treatment, we depend on you to provide accurate health screening information. To help us, we request that you complete this form and have it returned to us prior to your day of treatment.

Patient Name:		Procedure Date:	
Address:			
Contact No:		D.O.B.:	
Next of Kin:			
Relationship:		Contact No:	
G.P.:		Contact No:	
QUESTIONNAIRE			
Have you ever had problems with any anaesthetics?		Yes	No
Are you currently taking any medications? If so, please specify:		Yes	No
DRUG	DOSE	FREQUENCY	
Do you have any allergies? If so, please specify:		Yes	No
Do you have a latex allergy?		Yes	No
Have you had any problems with your blood pressure?		Yes	No
Have you ever had any respiratory problems?		Yes	No
Do you have any blood transferable diseases? If so, please specify:		Yes	No
Do you suffer with epilepsy?		Yes	No
Have you ever suffered with heart problems (i.e. heart attack, angina, any form of surgery)? If so, please specify:		Yes	No
Do you smoke? How many per day:		Yes	No
Do you have any caps, crowns, dentures or loose teeth?		Yes	No
Have you had a history of any bleeding tendencies?		Yes	No
Do you have diabetes?		Yes	No
Do you have any other serious illnesses? If so, please specify:		Yes	No
Do you have any physical disabilities? If so, please specify:		Yes	No
Do you have any of the following:		Yes	No
• A Pace Maker		Yes	No
• Artificial heart valve		Yes	No
• Hearing aid		Yes	No





<ul style="list-style-type: none">• Prosthesis	Yes	No
Have you recently been taking any of the following:		
<ul style="list-style-type: none">• Aspirin	Yes	No
<ul style="list-style-type: none">• Warfarin	Yes	No
<ul style="list-style-type: none">• Anti-inflammatory drugs	Yes	No
Have you had any recent hospitalizations? If so, please specify:	Yes	No
Please use this space to make note of any other important information:		

I agree that the above is a true and accurate record and that it has been carefully completed to the best of my knowledge.

Signature (Patient/Legal Guardian): _____

Date: _____

