

Please complete your medical questionnaire as accurately as possible. For any questions you answer 'YES', please give further information in the Notes box below each section.

Heart

- Rheumatic Fever.....Y / N
- High Blood Pressure.....Y / N
- Heart Surgery.....Y / N
- Pacemaker Fitted.....Y / N
- Heart Murmur.....Y / N
- Thrombosis.....Y / N
- Angina.....Y / N
- Other Heart Condition.....Y / N

Notes:

Other

- Serious Childhood Illness.....Y / N
- Diabetes (indicate Type I or II).....Y / N
- Liver Disease.....Y / N
- Kidney Disease.....Y / N
- Epilepsy.....Y / N
- Cancer.....Y / N
- General Anaesthetic Problems.....Y / N
- Hiatus Hernia.....Y / N
- Thyroid Disease.....Y / N

Notes:

Chest

- Bronchitis.....Y / N
- Emphysema.....Y / N
- Pneumonia.....Y / N
- Chest Surgery.....Y / N
- Smoker (Indicate number/day).....Y / N
- Cystic Fibrosis.....Y / N
- Pleurisy.....Y / N
- Other Chest Condition.....Y / N

Notes:

Allergies

- Penicillin.....Y / N
- Hay fever.....Y / N
- Anti-Tetanus Serum.....Y / N
- Eczema.....Y / N
- Aspirin.....Y / N
- Asthmatic.....Y / N
- Other Allergy.....Y / N
- Latex Allergy.....Y / N

Notes:

Blood

- Excessive Bleeding.....Y / N
- Hepatitis B.....Y / N
- H.I.V.Y / N
- Anaemia.....Y / N
- Blood Test.....Y / N
- Sickle Cell.....Y / N
- Haemophilia.....Y / N
- Other Blood Condition.....Y / N

Notes:

Warnings

- Local Anaesthetic Problems.....Y / N
- Antibiotic Cover.....Y / N
- Pregnant.....Y / N
- Carry A Warning Card.....Y / N
- Special Precautions.....Y / N

Notes:

Please list all medication you are taking:

1)	2)	3)	4)
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