A/Prof James A Sullivan
Orthopaedic Surgeon
Suit 303, 2 Technology Pl
Macquarie University NSW 2109

JS

MEDICAL HISTORY FORM

Please provide details of the following

Have you ever had or have the following?					
	YES	NO		YES	NO
Asthma			Currrent Infections		
Arthritis			Depression		
Cancer/Mastectomy			Stomach Ulcer / Indigestion		
Cortisone Injections how many …….			Stroke (s)		
Diabetes			Thyroid Problems		
How is it controlled - Diet / Tablets / Insulin			Deep Vein Thrombosis		
Emphysema / Lung Problems			Varicose Veins		
Epilepsy			Blood Transfusions		
Heart Attack (s)			Blood Thinners or Aspirin		
Heart Murmur / Pace maker			Hepatitis		
High blood pressure			Kidney Trouble		
Dislocations			Tattoos		
How many			Alcohol Consumption		
Smoker			Per day:		
How many per day:			Per week:		

Further Medical Details:

Previous Surgery:

Current Medications:

Allergy to Medications:

Sports:

I have carefully read the above & certify that ALL the information I have given, is correct and true, to the best of my ability: Patient Signature:

Date: / /