# DR DAVID WHEATLEY – Orthopaedic Surgeon
# PATIENT MEDICAL HISTORY FORM

Please help me by filling in some basic details of your medical history. Previous conditions and operations can have significant bearing on your orthopaedic treatment - even those unrelated to your present condition. The information you supply will be treated in accordance with our practice privacy policy.

**Date**: ..... **Name:** ..... **DOB**: .....

**Email:** ……..

**Next of Kin Name and Daytime Contact Number**:

**Name:** ……**Phone:** …… **Relationship:** …….

**Height:** ..... **Weight:** .....

**Have you had any of the following? Please tick if you have.**

□ Heart attack or angina
□ High blood pressure
□ Diabetes
□ Stroke
□ Kidney disease
□ Anaemia
□ Gout
□ Asthma or lung problems
□ Rheumatic fever
□ Rheumatoid arthritis
□ Leukaemia
□ Lupus
□ Kidney or bladder infections
□ Bowel disease
□ HIV/AIDS
□ Cancer
If yes to Cancer, what type? .....
.....

**Have you had any of the following? Please tick if you have.**

□ 1. DVT (deep venous thrombosis – blood clots in the leg)
□ 2. Pulmonary embolus (blood clots in the lungs)
□ 3. Excessive bleeding
□ 4. Difficulties with anaesthesia
□ 5. Family history of any of 1 to 4 above

**Other medical conditions not listed above?**

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**What medications are you taking now (prescribed & over-the-counter supplements)?**

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**Please list any operations you have had:**

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**Have you had any major complications from those operations?**

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**Do you have any allergies to medications or dressings? Please list and specify the reaction.**

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**What is your usual occupation?**

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**Alcohol:**
Approximate number of drinks per day during the week: .....
Approximate number of drinks over the weekend: .....

**Cigarette usage:** Approximate total life intake, plus time from cessation is useful to your treating surgeon, anaesthetist or physician.
Cigarettes per day: .....
For how many years: .....
If ceased, when: .....

**Female History:**
Contraceptive pill or implant:
.....
Hormone replacement therapy:
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**Signed:** .....**Date**: .....