



Stace Anaesthetists

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Please answer all questions and return prior to your procedure to: staceadmin@stacedocs.com.au
Or by post to: Stace Anaesthetists, Reply Paid 83245, Adelaide SA 5000

Name:		Today's Date:	
Address:		Operation:	
		Date of Surgery:	
Date of Birth:		Surgeon:	
Telephone:		Cardiologist:	
Name of GP:		Contact No. for GP:	
Medicare No:		Please circle :	Hospital / Extras / Both
Health Fund:		Membership No:	
Aged Pension No:		Email Address:	

SURGICAL HISTORY

Year	Surgery	Problems	Year	Surgery	Problems

****IMPORTANT PLEASE COMPLETE****

WEIGHT: **kgs** **HEIGHT:** **cms**

MEDICAL CONDITIONS do you have or have you ever suffered from:

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Sleep Apnoea	<input type="checkbox"/> Bleeding Problems
<input type="checkbox"/> Heart pacemaker etc	<input type="checkbox"/> Heartburn/Indigestion	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Heart murmurs/palpitations	<input type="checkbox"/> Diabetes I/II	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Heart attacks/strokes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Gastric Banding
<input type="checkbox"/> Asthma	<input type="checkbox"/> Limited Neck/Jaw Movement	<input type="checkbox"/> Infectious Disease (HIV etc)
<input type="checkbox"/> Lung Problems	<input type="checkbox"/> Liver/Kidney Problems	<input type="checkbox"/> Females – Are you pregnant

Describe:

LIST YOUR PRESCRIBED DRUGS incl OVER-THE-COUNTER DRUGS, SUCH AS VITAMINS AND INHALERS

Drug	Strength	Frequency	Drug	Strength	Frequency

HEALTH HABITS

Do you smoke?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Per day
Do you have crowned/capped/false teeth?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Do you drink alcohol?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Per day
Allergies, reactions to drugs, tapes, foods?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Please list allergies:

ANY SIGNIFICANT FAMILY HISTORY (PARTICULARLY WITH ANAESTHESIA)

Do you consent to your anaesthetist accessing your My Health Record? Y N

Alternatively, a **“Health Summary”** from your GP would be appreciated!
Please turn over and write on the back of this form if needed.