Please complete and return prior to procedure. Alternatively, you can provide a health summary from your GP.
EMAIL: staceadmin@stacedocs.com.au **POST:** Stace Anaesthetists, Reply Paid 83245, Adelaide, SA, 5000

Name		Today's Date	
Address		Procedure	
Date of Birth		Date of Surgery	
Telephone		Surgeon	
Email Address			
Medicare No		Name of GP	
Health Fund		GP Contact No	
Membership No		Name of Cardiologist	
Level of Cover	Hospital / Extras / Both	Cardiologist Contact No	
Pension	Aged / Disability / Carers / Other please specify:		

IMPORTANT PLEASE COMPLETE	**Height (cms):**	**Weight (kgs):**

Surgical history

Year	Surgery	Problems	Year	Surgery	Problems

Do you have, or have you ever suffered from any of the following medical conditions: (tick where applicable)

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

Describe:

List any prescribed / non-prescribed medications, including over the counter (e.g., vitamins & inhalers)

Medication	Strength	Frequency	Medication	Strength	Frequency

Do you smoke? ☐ Yes ☐ No If yes, how many per day? _____	Do you drink alcohol? ☐ Yes ☐ No If yes, how many per day? _____	Do you have crowned/capped/false teeth? ☐ Yes ☐ No

Please list any allergies/reactions to drugs, tapes, food etc.

Any significant family history? (Particularly with anaesthesia)