

**PERSONAL
DETAILS**

Full name: _____

DOB: _____

Your medical doctor: _____

**MEDICAL
HISTORY**

1. Are you receiving any medical treatment at the present time? Yes No

2. Have you ever been admitted to hospital at any time? Yes No

If yes, please state why:

3. Have you had, or do you currently have, any of the following? *Select all that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> High/low blood pressure |
| <input type="checkbox"/> Gastric Problems | <input type="checkbox"/> Chest problems | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ | |

4. Are you taking any tablets, medicines or drugs? Yes No

If yes, please list:

5. Have you any allergies that you are aware of? Yes No

If yes, please list:

6. Have you ever experienced excessive bleeding or bruising from cuts, scratches or dental treatment? Yes No

7. Have you ever had contact or been at risk with the AIDS virus? Yes No

8. Have you ever had a reaction to an anaesthetic? Yes No

9. Females, are you pregnant or breastfeeding at the moment? Yes No

If pregnant, when are you due?

**FURTHER
INFO**

10. Are there any other aspects of your health that you think we should know about?

CONSENT

1. The medical history I have given is true and correct to the best of my knowledge.
2. I consent to the procedure being done under local anaesthesia with intravenous sedation, as previously explained to me.
3. I understand the issues and possible complications of this procedure.

Signature

Date

Name of parent or guardian *(for patients under 16 years):*

Signature

Date

