

**PERSONAL
DETAILS**

Title: _____ Full name: _____

Address: _____

DOB: _____ Email: _____

Your medical doctor: _____

**MEDICAL
HISTORY**

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

2. Have you been admitted to hospital in the last 2 years? 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"/> Diabetes | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> High/low blood pressure |
| <input type="checkbox"/> Gastric Problems | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Chest problems | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Kidney problems | <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 a reaction to an anaesthetic? Yes No

8. Are you pregnant or breastfeeding at the moment? N/A Yes No

If pregnant, when are you due?

**FURTHER
INFO**

9. 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

