A/Prof Carsten E Palme FRACS
Otolaryngology Head & Neck Surgery

FRACS Fellow of the Royal Australasian College of Surgeons

Patient Sticker

Date: / /

Dear Patient

Please answer the following questions regarding your current condition, past health and any regular medications that you require.

What is your current main complaint?

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……………………………………………………

A. Past Medical History

Please Tick if you have ever experienced the following Medical Problems:

- Heart (Chest pain, Heart Attack)
- Lung (Asthma, Emphysema)
- Blood Pressure
- Bleeding Problems
- Diabetes (Insulin or Non Insulin)
- Brain (Strokes)
- Kidney Problems
- Thyroid Problems
- Liver Problems
- Any Previous Cancer Treatment

(ie; Chemotherapy / Radiotherapy / Surgery)

Other Medical Problems:

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……………………………

B. Past Surgery

Please list any previous surgical procedures:

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……………………………..

C. Medication List

Please Note

Do you take any blood thinning medication?
(ie; *Warfarin, Aspirin, Ibubrofen, Plavix, Iscovor, Pradaxa, Arthritis Medication*)

Do you take any alternative or natural medicine?
(ie; G*inko biloba, Ginseng, Garlic supplements, Vitamin E*)

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D. Do you have any medical allergies?

Yes / No

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………………………………

D. General History

Please Tick if you answer " yes " to:

- Are you a current or ex smoker?
- Do you drink alcohol?
- Do you have any significant illness that runs in your family?

What is or has been your primary occupation?

………………………………

Thank you for completing this questionnaire

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