

Medical History

Please take the time to fill in the following information to enable us to provide the best possible outcome.

Name..... Age..... Occupation.....

Current problem.....

Previous skin cancers YES NO If YES - date, type of cancer and treatment.....

Previous skin problems and treatment, including laser YES NO.....

Allergies or sensitivities eg: drugs, antibiotics, anaesthetic, ointments/creams, tapes, latex or rubber YES NO.....

Do you smoke YES NO Ex-smoker - If YES, how many per day?.....

Medical history - Have you ever had any of the following: (Please tick box if YES)

- Diabetes
- High blood pressure
- Stroke or TIAs
- Epilepsy or fainting
- Heart disease** – attack, angina, angioplasty, stents, bypass surgery, abnormal rhythm, heart valve
- Implanted Device** – Cardiac pacemaker or Defibrillator, Cochlear Implant
- Lung disease** - asthma, chronic bronchitis, emphysema, sleep apnoea
- Joint replacement & vascular grafts
- Internal Cancer
- Kidney or other transplant
- Blood problems – Leukaemia/lymphoma/anaemia
- Hepatitis/AIDS
- Blood clot in lungs/legs
- Bleeding Disorder**–including post-operative bleeding, nose bleeds, easy bruising, heavy periods, bleeding after child birth, dental extractions or a family history of a bleeding disorder
- Wound problems** – infections, poor healing, poor scarring, including keloids
- Antibiotic resistant organism e.g. MRSA, VRE
- Major surgery.....
- Currently Pregnant or breastfeeding
- Pressure related skin damage or any other wounds – specify.....
- Fallen in the last 6 months – specify
- Require assistance or mobility aids
- Other Illnesses.....

Current medications/drugs (Please tick box if YES)

- Blood Pressure Drugs
- Arthritis/Anti-inflammatory Drugs
- Cortisone/Prednisolone
- Cyclosporin, azathioprine, cyclophosphamide, methotrexate
- Blood thinners**, including Aspirin, Plavix, Iscover, Clopidogrel, Co Plavix, Asasantin, Persantin, Warfarin, Dabigatran, Rivaroxaban, Apixaban
- Current/previous – Roaccutane/Accutane and dates of treatment.....
- Health supplements – fish oil, garlic, vitamin E, ginkgo biloba, ginseng.....
- Other medications (please list)

SIGNED:.....DATE:.....UPDATED:.....DATE:.....