Dr Maurice Guzman
Orthopaedic Surgeon
MBBS(Hons) FRACS FAOrthA

MEDICAL HISTORY AND MEDICATIONS FORM

History of current problem (the reason for your appointment with Dr Guzman today)

Other medical problems (eg high blood pressure, diabetes, asthma)

Are you under the care of a Cardiologist ☐ Yes ☐ No

If yes, please provide your doctor's details

Previous operations

Operation	Date
	____ / ____ / ____
	____ / ____ / ____
	____ / ____ / ____

Current or past occupation _____

Do you live alone? ☐ Yes ☐ No

Do you or have you ever smoked? ☐ Yes ☐ No

No. of cigarettes/day _____ Date ceased ____ / ____

Do you drink alcohol? ☐ Yes ☐ No

Standard drinks/day _____ Standard drinks/week _____

Do you have a personal history of cancer? ☐ Yes ☐ No

Do you have a family history of cancer? ☐ Yes ☐ No

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Current Medications

Medication	Dose	Frequency

Do you have any known allergies to medications? ☐ Yes ☐ No ☐ Unknown

Medication	Reaction

Patient name (please print)

Patient signature

_____ / _____ / _____
Date