DR WESSEL STRYDOM
PLASTIC AND RECONSTRUCTIVE SURGEON

Name of patient			
Reason for visit			
Name of GP			
Referring specialist			
Are you pregnant or is there a possibility that you might be pregnant?			
Have you ever suffered from or have any of the following conditions? Please tick where applicable.			
Heart disease		High blood pressure	
Diabetes		Blood disease	
Jaundice		Kidney disease	
Glaucoma		Cancer	
Anemia		Thyroid disorders	
Chest disease		Recent sore throat, cold or flu	
Bronchitis		Asthma	
Have you recently had any of the following?			
Chest X-ray		Electrocardiogram (ECG)	
Mammogram			
Are you taking any of the following medication or supplements?			
Aspirin/Disprin		Blood pressure medication	
Warfarin/blood thinning medication		Diuretics/Water pills	
Sedatives		Antihistamines	
Omega 3 and 6		Arnica	
Are you taking any other medication or supplements? Please specify.			
Do you bruise easily?			
Have you ever had problems with abnormal clotting or bleeding?			
Do you suffer from any allergies? Please specify.			
Do you have any of the following habits?			
Smoking		Units per day	
Alcohol consumption		Units per week	
Have you had recent or major surgery, including plastic surgery? Please specify operation and date.			
Have you, or any relative, had an adverse reaction to general or local anaesthesia?			
Have you ever consulted a professional for emotional or phycological problems?			
Weight		**Height**	
I hereby confirm that the information I supplied is true and I am responsible for any withheld information or false information provided.			
Signature		**Date**	