Dr Ian Timms
MB BS , BSC FRCS, FRACS
Specialist Plastic Surgeon

Suite 1 , 200 Rokeby Road
Subiaco WA 6008
Phone: 08 9381 3288
Fax: 08 9381 5333
info@driantimms.com.au
www.driantimms.com.au

PATIENT DETAILS

Title __________ **Surname** __________________________

First name ____ **D.O.B:** ____________________________

CLINICAL INFORMATION

PATIENT/GUARDIAN TO COMPLETE

PATIENT HISTORY

Please complete the following (Please tick box and specify where necessary)

YES	NO		SPECIFY
☐	☐	**ALLERGIES** (drugs, tapes, foods, latex, etc)	________________
☐	☐	Heart problems (chest pain, heart attack)	________________
☐	☐	High blood pressure	________________
☐	☐	Bleeding/clotting problems	________________
☐	☐	Indigestion or reflux	________________
☐	☐	Fainting/blackouts/dizziness	________________
☐	☐	Breathing problems (shortness of breath, sleep apnoea)	________________
☐	☐	Asthma	________________
☐	☐	Epilepsy/fits	________________
☐	☐	Hepatitis	________________
☐	☐	Kidney disease	________________
☐	☐	Back or neck problems	________________
☐	☐	Chronic/Persistent Pain	________________
☐	☐	Diabetes	________________
☐	☐	Psychiatric problems (anxiety/depression)	________________
☐	☐	Dementia	________________
☐	☐	Do you have a pacemaker	________________
☐	☐	Recent sore throat, cold or flu in the last 2 weeks	________________
☐	☐	Problems with an anaesthetic in the past	________________
☐	☐	Do you drink alcohol	Specify intake ________________
☐	☐	Do you smoke	Specify number of cigarettes per day __________
		If ex-smoker	Date stopped ________________

MEDICATIONS

Please list your current medications and dosage

TYPE	DOSAGE

Have you ever taken or are you taking any of the following?

If yes, when did you stop taking

YES	NO		DATE CEASED
☐	☐	Aspirin	____________
☐	☐	Warfarin	____________
☐	☐	Steroid/Cortisone/Prednisolone	____________
☐	☐	Insulin	____________

Do you use any of these **AIDS for DAILY LIVING**

YES	NO	
☐	☐	Contact Lenses
☐	☐	Glasses
☐	☐	Dentures
☐	☐	Hearing Aid

YES	NO	
☐	☐	Crutches
☐	☐	Prosthesis
☐	☐	Walking Frame
☐	☐	Walking Stick
☐	☐	Wheelchair