Dr Louis Shidiak
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Medical History

Please answer every question

	Yes	No		Yes	No
Arthritis ☐ Osteo ☐ Rheumatoid					
Blood Transfusions **Blood thinners** ☐ Aspirin ☐ Warfarin ☐ Herbal Medicines			**Liver conditions** ☐ Hepatitis ☐ A ☐ B ☐ C ☐ Alcohol Consumption per day per week ☐ Tattoos		
Cancer If yes, where & when diagnosed			**Mental Health** eg Depression anxiety		
Cardiac conditions: Date ☐ Cardiac surgery/stents ☐ Heart attack/s ☐ Heart murmur ☐ High Blood pressure			**Stomach conditions** ☐ Ulcer ☐ Indigestion		
Diabetes Type ..... ☐ Diet ☐ Tablets ☐ Insulin			**Stroke/s** Date/s		
Epilepsy			**Thyroid** Conditions ☐ Hyper-active ☐ Hypo-active		
Kidney Conditions Medication/s			**Venous** Conditions ☐ Thrombosis/DVT/PE ☐ Varicose Veins		
Lung conditions ☐ Asthma ☐ Emphysema ☐ Cigarettes (per day			**Cortisone Injections** ☐ Site ☐ Number/frequency		

Previous surgery

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Current medications ☐ See LMO letter dated ..... *(if listed on referral)*

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Allergies to medication, metals or other .....