Dr Vytauras Kuzinkovas

Advanced Surgicare

Medical History

Personal History (Have you ever suffered from any of the following health problems?)			
Illness	Yes	No	Details:
Diabetes	☐	☐	Type I ☐ Type II ☐
Asthma	☐	☐	
Respiratory Problems	☐	☐	
Sleep Apnoea	☐	☐	Do you use a CPAP device? Yes ☐ No ☐
Stroke	☐	☐	
Depression	☐	☐	
Gallstones	☐	☐	
Heartburn / Reflux	☐	☐	
Hepatitis	☐	☐	
High Blood Pressure	☐	☐	
Heart Disease / Angina	☐	☐	
High Cholesterol	☐	☐	
Clotting Disorder/Blood Clot	☐	☐	
Anaemia	☐	☐	
Allergies	☐	☐	
Other: (Please specify)			

Other		
Have you ever smoked? Yes ☐ No ☐		If Yes, how many?
How long?	Have you/when did you stop?	
How many standard alcoholic drinks do you have per week?		

Surgical History (Please give details of any past operations, especially abdominal)	
Procedure:	Date:

Family History (Please list any conditions that run in your family)

Medications (Please state all medications that you are on)		
Medication:	Dose:	Duration:

Name:_____