DR MICHAEL MCAULIFFE

ORTHOPAEDIC SURGEON

Knee, hip and lower limb specialist

PATIENT HISTORY

Name:

Allergies

Do you have any allergies to medications, food, sticking plaster, latex/rubber (e.g. balloons or gloves) or anything else? If so, please list allergies and reactions below.

Allergy	Reaction

Medications

Have you recently taken:	Please Tick: Yes	No
Blood Thinning Medication		
Warfarin		
Arthritis Medication		
Aspirin		
Steroids or Cortisone		
Please List All Other Current Medication:		

Lifestyle

	Please Tick: Yes	No
Are you a smoker?		
If so, how many cigarettes do you smoke per day?		
If you have quit, in what year did you cease smoking?		
Do you drink alcohol?		
If so, what is your daily intake?		
Have you ever suffered from a blood clot in the lung or leg?		
If so, when?		

Previous Operations / Procedures / Anaesthetic Details

Please list any previous operations and the approximate dates of these below:

Month/Year	Details

Please take the time to read through these forms thoroughly and when all the required information has been supplied, hand back both forms to the receptionist to allow her to create your patient chart.

Do not hesitate to ask Dr McAuliffe's receptionist if you have any queries about either of these forms.