DR ROBERT CAREY
SUITE 204
FLINDERS PRIVATE HOSPITAL
BEDFORD PARK SA 5042
Ph: 08 8299 0070
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PATIENT DETAILS

SURNAME: ……

GIVEN NAMES: ……

DOB: ……

Previous Surgery

□ Vaginal Birth	Yes / No	How many?	Year of last delivery
□ Caesarean Section	Yes / No	How many?	Year of last caesarean
□ Previous Gynae Surgery?	Yes / No	Details	
□ Previous Abdominal Surgery?	Yes / No	Details	
□ Any previous surgical complications	Yes / No	Details	

Gynaecological History

□ Date of Last Period:		
□ Year of last Pap smear:		Result:
□ Are you using contraception	Yes / No	Details:
□ Do you have any bladder or bowel symptoms?	Yes / No	Details:

Medical History

□ Do you have any allergies?	Yes / No	Details:
□ Are you on Blood thinning medication?	Yes / No	Details:

Medications:

Medical conditions:

□ Diabetes ……

□ Heart disease ……

□ Thyroid disease ……

□ Breast cancer ……

□ Other medical conditions

Significant Family History:

Signature: **Date:**