



Προηγμένη Ελάχιστα Επεμβατική,
Λαπαροσκοπική και Ρομποτική Χειρουργική

Advanced Minimally Invasive,
Laparoscopic & Robotic Surgery

New patient medical information

Patient name:.....

Date of Birth:/...../..... ID Number:

Brief description of your current health problem:

.....
.....
.....

Female history:

Are you pregnant now? Yes / No Date of 1st day of last menstrual cycle:

No of pregnancies: No of miscarriages:

No of terminations: No of C-section deliveries:

Number of living children: Any assisted deliveries:

Past surgical history (please list any previous surgery or hospitalisation with dates):

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Past medical history (please circle any applicable or add if any missing):

Y	N	High Blood Pressure	Y	N	High Cholesterol
Y	N	Coronary Artery Disease	Y	N	Peripheral Vascular Disease
Y	N	Atrial Fibrillation	Y	N	DVT/Blood Clot
Y	N	Heart Attack (MI)	Y	N	CVA/Stroke/Ministroke
Y	N	Problems with Heart Valves	Y	N	Carotid Artery Disease
Y	N	Prosthetic valve			
Y	N	Diabetes – Type 1	Y	N	Asthma
Y	N	Diabetes – Type 2	Y	N	COPD/Emphysema
Y	N	Hypothyroidism	Y	N	Tuberculosis
Y	N	Hyperthyroidism			
Y	N	Chronic Kidney Failure			





Y	N	Reflux/Heartburn	Y	N	Breast Cancer
Y	N	Stomach Ulcers	Y	N	Other Breast Disease
Y	N	Hepatitis B	Y	N	Abnormal Pap Smear
Y	N	Hepatitis C	Y	N	Cervical Cancer
Y	N	Cirrhosis			
Y	N	GI Bleed	Y	N	Osteoporosis
Y	N	Colon Cancer	Y	N	Osteoarthritis/Arthritis
Y	N	Crohn's Disease	Y	N	Rheumatoid Arthritis
Y	N	Ulcerative Colitis			
			Y	N	Seizure Disorder
			Y	N	Anxiety
			Y	N	Depression

Current medication (please list and medication you currently take):

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Medication allergies (please list and drug or food allergies):

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Do you smoke cigarettes? Yes / No If Yes, how many per day?

Do you regularly drink alcohol? Yes / No If Yes, how many units per week?

Family history

Please circle "Y" or "N" if a member of your family has any of the following and identify the family member.

Y	N	Heart attack:	Y	N	Colon cancer:
.....				
Y	N	Heart failure:	Y	N	Colon problems:
.....				
Y	N	High blood pressure:	Y	N	Breast cancer:
.....				
Y	N	Stroke:	Y	N	Hepatitis:
.....				
Y	N	Abnormal bleeding tendency:	Y	N	Epilepsy or seizures:
.....				
Y	N	Kidney disease:	Y	N	Abnormal reaction to anaesthesia:
.....				
Y	N	Diabetes:		
.....				

