DR YOLANDI LOOTS
GENERAL SURGEON
MBChB(UFS), MMed(Surgery)(Stell), FCS(SA)
Practice Nr. 0659991

MEDICAL QUESTIONNAIRE

Full name/s and Surname: ....

Briefly explain the reason for your visit ....

....

List of current medications

Include any herbal/homeopathic medications as well as any blood thinners such as Aspirin and Disprin cardiocare

Medication	Dosage	Date started
Example: Trustan	40mg twice daily	January 2018

List of medical conditions/procedures

Please note any pathologies, abnormal results or complications

Medical condition/procedure	Date & Doctor	Complications & Abnormal results
Example: Colonoscopy	January 2018 Dr Name	Benign polyp
Example: Stroke	January 2018 Dr Name	Deep vein thrombosis (DVT)

Have you ever had any problems with Anaesthesia or sedation Yes ☐ No ☐

Listed Allergies: ....

Do you drink alcohol: Yes ☐ No ☐ If yes how much in a week? ....

Do you smoke: Yes ☐ No ☐ If yes how many per day? ....

Do you Smoke Cannabis: Yes ☐ No ☐ If yes how many per day? ....

How often do you exercise in a week, and what type of exercise? ....

Dietary preference: Normal ☐ Vegan ☐ Vegetarian ☐ Pescatarian ☐

Direct Family Medical History

List all hereditary conditions heart & cardiovascular disease, Malignancies (age of diagnosis) and autoimmune disorders

Family member	Diagnosis	Age Diagnosed – indicate if deceased and age
Example: Mother	Breast Cancer	Diagnosed 65yrs, still living now 85yrs

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