

**FORNEBUKLINIKKEN AS**

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**Health information**

The information about your health will help us evaluate whether it is safe to perform the operation.

Please fill in the form as accurately as you can. **If you answer "yes" to any of the questions below, please use the back of the form to provide more detailed information.**

Submitting this form involves no form of commitment on your part. The information will be stored in a secure place and destroyed if you decide not to go through with the operation.

First name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 Phone (daytime): \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

	Yes	No
Have you been to our clinic before – for surgery? Year: _____		
Have your been to our clinic before – for a consultation? Year: _____		

<b>Do you or have you suffered from any of these conditions?</b>			Yes	No
Heart attack / angina		Are you susceptible to infections in wounds?		
Irregular pulse		Paralysis / muscular atrophy		
Other heart conditions		Serious back ailments / diseases of the joints		
High blood pressure		Neck problems / neck injury		
Thrombosis / phlebitis		Epilepsy (falling sickness) / tendencies to faint		
Swollen ancles		Mental problems		
Asthma / bronchitis		Kidney disease / urinary tract diseases		
Sleep apnea		Gastric ulcer / intestinal diseases		
Other lung diseases		Eating disorders		
Liver disease / jaundice		Other diseases / health problems		
Smoking, if yes, how many a day: .....		Regular need of medications (if YES, use the back of the sheet for more information)		
Daily intake of alcohol		Occational use of medications (if YES, use the back of the sheet for more information)		
Metabolic diseases / diabetes		Height: ..... cm Weight: .....kg		
Eye diseases		Former operations		
Hereditary diseases		Hospitalizations		
Allergy		Former anaesthesia or epidural		
Abnormal reaction to medicines		Do you feel healthy and in good shape?		
Abnormal wound healing		Local anaesthesia – any abnormal reactions or lack of effect?		
Do Abnormal bleeding, for instance during labor or from small cuts?				

I declare that the information I have provided in this form is as accurate and extensive as possible, and that I will follow the advice and instructions given by the clinic both before and after an operation.

\_\_\_\_\_

DATE                      SIGNATURE (can wait until you have decided on surgery)