# CANBERRA HEAD & NECK SURGERY

## ASSOCIATE PROFESSOR ARDALAN EBRAHIMI

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## Patient Medical History Form

Name: DOB:

Please answer the following questions:

1. What is the main reason for seeing A/Prof. Ebrahimi?

2. Do you have any other medical problems? If yes, please list:

3. Have you had any previous surgery? If yes, please list:

4. What medications are you taking including vitamins/supplements?

5. Do you have any allergies to medications, iodine, latex or tape? If yes, please list:

6. How would you describe your smoking history? Choose which best fits:
   - Never smoked
   - Ex-smoker What year did you quit?
   - Current smoker How many cigarettes per day?

7. How much alcohol do you drink per day? (Number of standard drinks)

8. What is your occupation?