

# DR VIKRAM PUTTASWAMY

Vascular and Endovascular Surgeon

FRACS (Vascular) FRACS (General)

All correspondence to:

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Suite 8, Level 1  
2 Redleaf Avenue  
Wahroonga NSW 2076

## Patient Registration and History Form

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Next of Kin: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

Telephone (B): \_\_\_\_\_

Telephone (M): \_\_\_\_\_

Medicare Number (incl. patient ID number): \_\_\_\_\_ - \_\_\_\_

Private Health Insurance Fund: \_\_\_\_\_ Number: \_\_\_\_\_

Pension/Veterans Affairs Number: \_\_\_\_\_

Do you have a past medical history of any of the following? Please ✓ where relevant.

Hypertension (High Blood Pressure)  Hypercholesterolaemia (High Cholesterol)

Diabetes  If so, please tick one: Diet  Tablets  Insulin

Previous Heart Attack  Number \_\_\_\_\_ Year of Last \_\_\_\_\_

Other Heart Problem  Please give details \_\_\_\_\_

Family History of Cardiovascular Disease  Please give details \_\_\_\_\_

Lung Disease  Please give details \_\_\_\_\_

Smoking: Never smoked  Quit >1 year ago  Quit <1 year ago  Still smoking

Alcohol: Never  Occasional  >5 drinks per week  Daily  >3 per day

## Previous Operations (Major)

| <u>Operation</u> | <u>Year</u> | <u>Hospital</u> | <u>Surgeon</u> |
|------------------|-------------|-----------------|----------------|
|                  |             |                 |                |
|                  |             |                 |                |
|                  |             |                 |                |
|                  |             |                 |                |
|                  |             |                 |                |
|                  |             |                 |                |

## Medications (including all natural therapies)

Aspirin:                       Warfarin:                       Dose: \_\_\_\_\_

Please list all other medications:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Allergies: \_\_\_\_\_

## Medical Practitioners

General Practitioner: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_

Nephrologist: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_