

**DR. R.O.A RAMMUTLA**  
 MBChB (Natal), FC Neurosurgery (SA)  
 PR NO.: 0240000242098  
**SPECIALIST NEUROSURGEON**

Patient Details

Patient Hospital Sticker if applicable

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

NIL KNOWN

YES

Allergies

<u>Allergy</u>	<u>Type of Reaction</u>

Medication History

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Last Dose</u>

<u>Weight</u>	
<u>Height</u>	
<u>BMI</u>	

Diabetic

Yes

No



## Medical History

<u>Medical History</u>	<u>Yes</u>	<u>No</u>	<u>Not Known</u>	<u>Family</u>	<u>Treatment / Details</u>
<b><u>Neurological</u></b>					
Epilepsy/Fits/Seizures					
Headaches					
Tumours					
Others					
<b><u>Musculo Skeletal</u></b>					
Weakness / Paralysis					
Spinal Injury / Problems					
Prosthesis / Artificial Limbs					
Arthritis					
Other					
<b><u>Cardio Vascular</u></b>					
Heart Problems					
Blood Pressure Problems					
Blood Clots					
Chest Pains					
Oedema / Swelling					
Palpitations					
Dizziness / Fainting					
Poor Circulation					
Pins and Needles					
Anti-Coagulants / Last PI					
Other					
<b><u>Respiratory</u></b>					
Shortness of Breath					
Emphysema					
Smoking					
Other					
<b><u>Haematological</u></b>					
Anaemia					
Clotting Disorders					
Bleeding Tendencies					
Porphyria					
Other					
<b><u>Gastro Intestinal Tract</u></b>					
Difficult in swallowing					
Gastric Ulcers					
Jaundice / Hepatitis					
<b><u>Psychosocial</u></b>					
Depression					
Anxiety Disorders					
Alcohol					
<b><u>Travel</u></b>					
Any Travel outside Local Area					

Name & Surname: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_