***Dr Sam Martin***

***M.B.B.S. F.R.A.C.S. (Orth)***

***Orthopaedic Surgeon***

***Special Interest : Hip & Knee Surgery***

**Patient Information Collection Form**

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

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your own words what is the problem that you are seeing Dr Martin about, how is it affecting

your daily life, how long have you had this problem and is it getting better or worse?

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Do you have any other medical problems or conditions you take medications for?

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What are your regular medications?

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Have you had any previous operations, and were there any problems or complications?

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Do you have any drug allergies or allergies to jewellery or watches?

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Have you ever had blood clots on the legs or lungs (DVT PE)?

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Do you get infections easily if you cut yourself, or do you get any recurring infections such as urinary tract infections?

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Do you bleed easily if you cut yourself or have you ever had bleeding problems after operations?

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If you are Male and over 50 years of age: Do you have trouble with your water works? Eg do you need to get up at night often to urinate?

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Signature Date