Cape Urology Associates

Patient Name

BACKGROUND MEDICAL INFORMATION

Height	cm	Contact / Next of Kin	
Weight	kg	Cell number	
BMI		Landline number	

CONFIDENTIAL MEDICAL HISTORY

Smoker		Details	
Alcohol		Details	
Blood Thinners		Details	
Medical Allergies		Details	

MEDICAL HISTORY

Chest pain / angina		Heart attack		High blood pressure	
Heart valve disease		Irregular heart rhythm		High cholesterol	
Asthma		Emphysema		Tuberculosis	
Stomach ulcers		IBD		Diverticular ds.	
Liver problems		Blood diseases		HIV / Hepatitis positive	
Diabetes		Thyroid disease			
Epilepsy		Stroke/s		Parkinson's ds	
Other Neurology		Details			
Cancers		Details			

CHRONIC MEDICATION

	Drug	Dose	Frequency	Route
1				
2				
3				
4				
5				
6				
7				
8				

Please complete the above form accurately.
The information is provided to facilitate and optimise your care during your hospital stay.
If you are unsure of any responses, please contact your doctor at his office for assistance.

Your first choice in specialist urology.

Associates: Dr. Werner Botha, Dr. Dave Bowden, Dr. Karlheinz Jehle