Luminara
GASTROENTEROLOGY

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Healthlink ID: drnagree
Waikiki Private Hospital(Endoscopy)
221 Willmott Dr, Waikiki WA 6169
Waikiki Specialist Centre (Consulting rooms)
217 Willmott Dr, Waikiki WA 6169

Medical History Form

Full name

Do you have any heart diseases
Yes No

Do you have any liver diseases
Yes No

Do you have any lung diseases
Yes No

Please enter your height (in cm) *

Please enter your weight (in kg) *

BMI (no need to enter any information. It will be calculated automatically)

Do you have a bleeding disorder
Yes No

Are you pregnant or breastfeeding
Yes No Not applicable

Do you have any neurological diseases
Yes No

Do you have any kidney diseases
Yes No

Please list any medications you are taking

Please list any medication allergies

Do you have diabetes
Yes No

If you have ticked yes to any of the above please outline here in more detail

Please list any other medical conditions you have

Please list any significant operations you have had

Procedure related information

If you are having a procedure and have had anesthetic issues in the past

- ○ Yes
- ○ No
- ○ Not applicable

If you ticked yes please explain in more detail

If you are having a colonoscopy and have had a colonoscopy in the past (you can tick more than one option below)

- ☐ Tick this box if you have had a colonoscopy within 5 years
- ☐ Tick this box if you absolutely cannot tolerate Plenvu bowel prep
- ☐ Tick this box if you had poor prep before
- ☐ Tick this box if you have had a bowel resection
- ☐ Tick this box if you suffer with constipation

Please add in any extra information you would like to let us know about