Mr. David Deutscher
B.Sc., F.R.A.C.S.
Mr. Michael Condous
F.R.A.C.S. (VASC)
Mr. Ahmed Naqeeb
F.R.A.C.S., M.R.C.S. (Glasg)

General Surgery
Gastrointestinal & Colorectal Surgery
Breast
Endocrine & Thyroid Surgery
Laparoscopic Surgery
Oncological Surgery

Bariatric Surgery

Vascular, Endovascular Surgery

Ballarat Endoscopy
Gastroscopy
Colonoscopy & ERCP
Interventional Endoscopy including stenting

FRACS Fellow of the Royal Australasian College of Surgeons

Ballarat Surgical Clinic

FORM 5

MEDICATION & ALLERGY SHEET

Name: _____ Date: ___ / ___ / _____

DO YOU TAKE ANY OF THE FOLLOWING?

ASPIRIN	**Yes**	☐	**No**	☐
CARTIA	**Yes**	☐	**No**	☐
ISCOVER/ PLAVIX	**Yes**	☐	**No**	☐
PRASUGREL	**Yes**	☐	**No**	☐
WARFARIN	**Yes**	☐	**No**	☐
PIAX/CLOPIDOGREL	**Yes**	☐	**No**	☐
BLOOD THINNING AGENT	**Yes**	☐	**No**	☐
ASASANTIN	**Yes**	☐	**No**	☐
ORAL CONTRACEPTIVE PILL	**Yes**	☐	**No**	☐

Are you **ALLERGIC** to latex or rubber? **Yes** ☐ **No** ☐
(Please note: This **does not** include surgical tapes, Elastoplast etc)

Are you **ALLERGIC** to anything else? **Yes** ☐ **No** ☐
(Include surgical tapes, Elastoplast etc in this section)

If yes, please list	What type of reaction did you have?

Do you take regular medications (including any of the ones listed above)?

Yes ☐ **No** ☐

If yes, please list these below.

Name of Medication	Reason for taking drug	Dose and when taken

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