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

Ballarat Surgical Clinic | 106 Drummond Street North, Ballarat, Victoria 3350
Tel: 03 5332 7241 | **Fax:** 03 5333 4366 | **Email:** AnnK@ballaratsurgicalclinic.com.au
Website: www.ballaratsurgicalclinic.com.au