

Dr Gautam Joseph Ramnath

FRACP - Gastroenterology & Hepatology

Patient Questionnaire

Full Name: _____ Date: _____

Medicare #: _____ Private Health fund: _____

Please describe reason for attending: _____

Other Medical Issues: _____

Your GP: _____ Referring Doctor: _____

List Diagnostics you have had: Ultrasound X-Ray MRI CT Other

Have you had previous surgery for the problem: Yes No (if Yes, please include name of surgeon, location and date)

Have you had trouble with any previous anesthetic or operation: Yes No

Do you have Fever, *as well as* abdominal pain or tenderness, abdominal swelling or vomiting: Yes No (if yes you need to see me immediately)

Are you on Warfarin, Pasugrel (Effient), Pradaxa, or Clopidogrel (plavix and iscover): Yes No

Are you on medication for epilepsy or being investigated for seizures: Yes No

Are you on Diabetes medication: Yes No

Have you recently experienced unstable asthma, recent hospitalisation for asthma, wheezing more than normal in the last week, or needing ventolin more than normal: Yes No

Do you have a history of heart attack, angina, heart disease, heart failure, recent stroke or mini stroke in the last 12 months: Yes No

Have you had trouble with loss of consciousness or fainting, or needed a pacemaker for fainting: Yes No

Do you have renal / kidney failure, or are you on dialysis: Yes No

Are you on treatment for any cancer currently: Yes No

Are you pregnant: Yes No

If not post menopausal - when was your last period: _____

What is your height: _____ cm

What is your weight: _____ kg

What is your occupation: _____

A couple of things you need to know:

- Please bring your referral and your consent form with you on the day or we will not be able to see you
- Please bring all previous xrays or reports from other doctors relating to your current issues

Appointments: Ph. 1800-GASTRO or 07 3374 2698

Fax. 07 3374 2616

All Mail: PO Box 928. Kenmore. QLD. 4069

Wesley Hospital

St Andrews Hospital

Brisbane Private Hospital

Sunnybank Hospital