

Do you have or have you had any of the following diseases/symptoms?

	YES	NO
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
Heart pain/angina	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain on exertion	<input type="checkbox"/>	<input type="checkbox"/>
Uneven heartbeat/Arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Murmurs of the heart	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness on exertion	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary disease	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Stroke/drip	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
HIV-AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Blood lack/anemia	<input type="checkbox"/>	<input type="checkbox"/>
Peptic ulcer	<input type="checkbox"/>	<input type="checkbox"/>

Describe briefly any diseases/complaints you have had—Use a separate sheet if needed.

Please provide any other information you feel is important for the desired surgery.

HOW DID YOU GET IN CONTACT WITH OSLO PLASTIKKIRURGI?

- | | |
|---|---|
| <input type="checkbox"/> - Yellow Pages - telephone directory | <input type="checkbox"/> - Internet: |
| <input type="checkbox"/> - Newspaper Ad Where: | <input type="checkbox"/> - Yellow Pages |
| <input type="checkbox"/> - Friends and acquaintances | <input type="checkbox"/> - Yahoo |
| <input type="checkbox"/> - Other _____ | <input type="checkbox"/> - Google |

I hereby declare the above information is correct.

Place/date

Signature
