

**Pre Surgery Enquiry Form - Orthopaedic, Cosmetic, Cardiac and General Surgery.**

Please complete this form carefully and honestly supplying as much of the information as you can. Your GP may be able to assist with this. Omitting relevant information may cause difficulties for you or the treating facility and may make it not possible for your treatment to proceed. (Please note if you are under the age of 18, this form must be completed & signed by a parent or guardian.)

Patient Details

Name **Date of Birth**

Address **Height**

..... **Weight**

.....

Tel home Tel work

Mobile Email

Next of Kin Details

Name **Relationship**

Address

.....

GP's Details

Name

Address

.....

..... **Tel**

Email **Fax**

Consultant/Specialist Details

Name

Address

.....

..... **Tel**

Email **Fax**

Please answer the following questions:

	Which Surgery is planned? (If it is for hip/knee/shoulder or ankle, please specify which side i.e. Right or left)	.....
Yes / No	Are you allergic to any medication? If the answer is yes please list them.	.....
Yes / No	Are you allergic to sticking plaster?	.....
Yes / No	Are you allergic to any other products? If the answer is yes please list them.	.....
Yes / No	Do you smoke? If so how many a day?	.....
Yes / No	How many units alcohol do you drink per week?	.....
Yes / No	Are you able to carry out normal physical activities? What are you unable to do?	.....
Yes / No	Do you wear spectacles?	.....
Yes / No	Do you wear contact lenses?	.....
Yes / No	Do you wear dentures?	.....
	When did you last visit the dentist?	.....
Yes / No	Have you ever been treated for eye disease? If so which?	.....
Yes / No	Do you snore at night?	.....
Yes / No	Have you recently had a cold or flu? If so when?	.....
Yes / No	Have you had any previous surgery? If so for what operation and when?	.....
Yes / No	Have you ever suffered from any problems with anaesthesia such as: Vomiting?	.....
Yes / No	Or Pain?	.....
Yes / No	Or Confusion?	.....
Yes / No	Or Respiratory difficulties?	.....

Yes / No	Or Other?	_____
Yes / No	Have you ever had a blood transfusion?	_____
Yes / No	What is your blood group?	_____
Yes / No	Do you now suffer from any other medical problems?	_____
Yes / No	Do you feel nauseous or unwell at the moment?	_____
Yes / No	Do you take medicines? If yes, which and how much? Please supply complete list on separate sheet if necessary.	_____
Yes / No	Do you bleed for long after a tooth extraction or injury?	_____
Yes / No	Do you have any history of heart condition, constriction, pain in the chest, palpitations of the heart or heart attack?	_____
Yes / No	Have you ever suffered from bronchitis, pneumonia, asthma or shortness of breath?	_____
Yes / No	Are you diabetic?	_____
Yes / No	Do you suffer from: Kidney disease?	_____
Yes / No	Disease of the liver?	_____
Yes / No	Thyroid disease?	_____
Yes / No	Nerve disorders?	_____
Yes / No	High blood pressure or any other disease not mentioned here?	_____
Yes / No	Do you wish to mention anything special?	_____

MRSA Infection control Policy

Our partner hospitals have some of the lowest rates of secondary infection in the world. In order to ensure your safety and the safety of others we ask that you undertake an oral smear test for MRSA.

This test can normally be either:

- Obtained from your GP or physician. (If required a test pack can be sent out by us for a small fee and tested in our labs)
- The test can be arranged by the medical facility. (There may be a small additional charge involved)

DIRECT HEALTHCARE INTERNATIONAL LIMITED TERMS & CONDITIONS OF SALE:

1. Direct Healthcare International Limited offers the highest levels of service. Our reputation of high standards is paramount and therefore at all times DHI try to source high quality healthcare. All hospitals and clinics are inspected and their surgeons and physicians carefully vetted DHI however cannot warranty or guarantee levels of service provided by hospitals, clinic, doctors or surgeons. If you believe that our service is failing in any way, please contact us immediately so that we can try to rectify it as soon as possible!
2. Unless explicitly stated methods of transport and/or accommodation will be at our discretion. Any costs omitted or corrections to your invoice may be invoiced/credited later. Direct Healthcare International Limited is not liable for any expenses whatsoever incurred by its clients not agreed in the initial proposition in writing. All advertised/advised/published pricing, terms & conditions, hospitals, treating physicians and / or places of accommodation are subject to change at any time without notice.
3. Prices shown on the website are for guidance purposes only and may bear no relation to prices quoted or invoiced.
4. Payment: Payments must be in full prior to arrival for treatment. Any persons seeking treatment that has not been paid in full may be refused treatment.
5. Exceptionally and / or due to unforeseen circumstances and there may be additional costs incurred for reasons of extra treatment, an additional hospital stay, hotel or accommodation or further medication not included in the initial proposition. Should there be subsequent additional costs, these will be discussed with the patient and a provisional cost indicated. Any such additional costs will be billed at a later date and must be paid within 30 days of invoicing. The company reserves the right to add an administrative service charge of 2% per month for delayed payment.
6. The debtor shall pay any costs, charges and expenses incurred by the process of recovering any debt. DHI reserves the right to pass any outstanding debts to a third party for collection. If a payment made by cheque is dishonoured, the debtor shall be liable for all costs incurred as a result.
7. DHI reserve the right to liaise with credit reference and other agencies with regard to a client's status and submit information accordingly and in line with relevant legislation. DHI also reserve the right to refuse any client without giving a reason. Certain services may only be available to qualifying persons or persons in particular geographical areas.
8. DHI reserve the right to transfer any debt in part or whole to a third party. This may include the use of a factoring or other finance company for the assignment of debts to us. All existing liabilities from the client will remain valid.
9. DHI do not warranty or claim that any information presented on our website /websites is correct or accurate. All such information cannot be relied upon in making any medical diagnosis or decisions. Neither Direct Healthcare International Limited nor its employees directly or indirectly practice medicine, or give medical advice. Information presented on the DHI website or websites, in DHI brochures, booklets, leaflets and sales documents is compiled from a variety of sources and should not be used for medical advise or in place of a professional consultation with a doctor. Never disregard the advice of a physician or other qualified health care provider because of any information presented on DHI website or websites, or in DHI brochures, booklets, or leaflets. Direct Healthcare International Limited cannot be held liable or responsible for any detrimental treatment or actions of doctors or surgeons. Direct Healthcare International Ltd is an intermediary providing access to surgery in its partner hospitals and clinics.
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11. Direct Healthcare International Limited facilitates the transfer of information and medical records between the client (wherever they are in the world), their doctor or specialist, and the local surgeon or physician. Any information that is stored temporarily by Direct Healthcare International Limited about a client, is held in a secure environment and is not listed or associated with the name of that patient, thus retaining confidentiality. Further this information is not released to anyone without the express permission of warranties or service agreements.
12. These policies exclude any disclosure, which we are required by law to make.
13. **BY PLACING AN ORDER WITH DIRECT HEALTHCARE INTERNATIONAL LIMITED, YOU ARE BOUND BY THESE TERMS & CONDITIONS UNLESS AGREED OTHERWISE IN WRITING. ALL STATUTORY RIGHTS APPLY AS PER THE STATUTE OF THE EUROPEAN UNION.**

Please print your name, & sign below:

Date:/...../.....

Name:.....

Signature:

Direct Healthcare international limited	CONTACT US	www.direct-healthcare.com
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