

RANDWICK CARDIOLOGY

DR ANTHONY FREEMAN
 DR DANIEL FRIEDMAN
 DR JOHN LAMBROS
 DR SIMON EGGLETON

WALES MEDICAL CENTRE
 LEVEL 3, 66 HIGH STREET
 RANDWICK NSW 2031
 Tel: 02 9398 2543 Fax: 02 9399 9027

Personal Details

Surname	Given Names	Date of Birth

Address	Telephone number/mobile

Medical Information

Please list all medications you take including dose and how often you take them. (please bring all medications or a list of your medications with you to your appointment)	

Previous surgery	When	Name of Doctor/Hospital
Have you seen a cardiologist previously <small>Please bring any previous correspondence</small>		

Please complete following:	Yes/No	Details
Do you drink alcohol		
Have you ever smoked		
Do you exercise		
Are you allergic to any medications or have allergies		
Have you had any recent pathology tests or chest x-rays		
Do you have Diabetes		
Do you have high/low blood pressure		
Do you have high cholesterol		

Family History Please list any health problems in parents, siblings, particularly cardiac.

Father	
Mother	
Siblings	
Any other health conditions in the family	

Please bring this information sheet with you to your appointment with the cardiologist