UNIVERSITY OF ALBERTA

Division of Otolaryngology
Paediatric and Adult Otology
Implantation Otology, Neurotology

Dr. Allan Ho,
MBBS (UK), MSc Health Research
MRCS (Edinburgh), FRCS (ORL-HNS), FRCSC
Associate Professor (Tenured)

137, 501 Bethel Drive
Synergy Wellness Centre
Sherwood Park, AB T8N 0N2

Tel: 780-570-5494
Fax: 780-570-5493

Routine Medical Questionnaire (To be updated every 6 months)

DATE:

Full Name: ____
E-Mail Address: ______________________________________

All previous Surgeries (*if so, what was it and how long ago?*):

Height: ______________
Weight: ______________

Are you pregnant? ☐ Yes ☐ No ☐ Not Applicable
Date of last menstrual period, if applicable: ______________________

Do you have any allergies? ☐ Yes ☐ No If so, what to? ____________________
Do you carry an EpiPen? ☐ Yes ☐ No ☐ Not Applicable
Are you Claustrophobic? ☐ Yes ☐ No
Do you have Asthma? ☐ Yes ☐ No
Are you Diabetic? ☐ Yes ☐ No If yes, are you on Metformin? ☐ Yes ☐ No
Mechanical lift/transfer required? ☐ Yes ☐ No

Do you have any of the following?
- Cardiac Pacemaker ☐ Yes ☐ No
- Cochlear Implant ☐ Yes ☐ No
- Metallic Foreign Body ☐ Yes ☐ No If so, what? ________________
- Metallic Vascular Clips ☐ Yes ☐ No

Have you ever had any metal fragments in your eyes or had an injury to your eyes with metal?
☐ Yes ☐ No If yes, have the fragments been removed? ☐ Yes ☐ No

Renal Insufficiency or Myeloma? ☐ Yes ☐ No
If yes, last creatinine test and date taken: ________________

Any previous:
- Chemotherapy ☐ Yes ☐ No
- Radiation Therapy ☐ Yes ☐ No
- Steroids ☐ Yes ☐ No

If yes, what type of steroid was prescribed? ______________________
What was the steroid prescribed for? ______________________
When was the steroid prescribed? ______________________
How long was the steroid taken? ______________________