

Health information before your hand surgery

PERSONAL & CONTACT INFORMATION

Name _____

Personal identification number _____ Phone number _____

Name and phone number of next of kin _____

MEDICAL INFORMATION

Current medications _____

Any allergies/sensitivities _____

Previous/current illnesses _____

Height _____ Weight _____ Smoker _____

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Surgeries: Capio Artro Clinics, Storängsvägen 10, 115 42 Stockholm