My Choices **3.1 MY MEDICAL HISTORY** DATE:

baptist care sa

MY SIGNIFICANT HEALTH AND HOSPITALISATION HISTORY

Write down any major illness events, surgeries, or hospital admissions that you have had. Insert the date if you know it, or the year/age the event occurred. If you know why you had the procedure, or surgery, please note this. Also note if you were/are a substance user, e.g. cigarettes, alcohol, any other drugs you used in the past, or currently use.

MY ILLNESS *(e.g. Any surgery, procedures, hospitalisations, chronic conditions, substance use, etc.)*	**MY AGE** *(e.g. Date/year at time of event.)*	**OTHER RELEVANT INFORMATION** *(e.g. Reason for procedure, treatment outcomes, etc.)*