



DR COLIN SABAU

OBSTETRICIAN & GYNAECOLOGIST

MD, FRANZCOG

## MEDICAL QUESTIONNAIRE

PAST MEDICAL HISTORY:

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MEDICATIONS:

Please list all current medications including herbal or vitamin preparations:

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ALLERGIES:

Do you have any known allergies?  Yes  No If Yes, please list:

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OCCUPATION:

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## MEDICAL IMAGING CONSENT

Video, still images and ultrasound reports are occasionally taken during operative procedures. These become a part of your confidential medical records. We also would like to ask you for permission to use these photos for educational purposes in addition to their use as part of your medical care. All images used for purposes other than the medical records are de-identified. Names are not used and as far as possible identifying factors are masked.

Do you consent to these images being used for the purpose of (1) teaching, (2) publication in medical journals, (3) educating patients?

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Please bring this form to your consultation**

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