

The Plastic Surgery Practice  
10, Sinaran Drive,  
#11-33  
Square 2, Novena Medical Centre  
Singapore 307 506  
Tel: 6397 6618

Please fill up the form in **BLOCK LETTERS.**

**Full Name:** (Please underline surname) \_\_\_\_\_

**NRIC/ FIN/ Passport No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (d d / m m / y y y y)      **Sex:** Male/ Female

**Race:** \_\_\_\_\_      **Nationality:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_      **Postal Code:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_      **Home No.:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_      **Occupation:** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_      **Contact No.:** \_\_\_\_\_

**Medical History: (Tick where applicable)**

<input type="checkbox"/>	Hepatitis B / C	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	Thyroid Disorders	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Blood Disorders	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	TB
<input type="checkbox"/>	STD	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Others

**Have you ever been hospitalized? No/ Yes (Specify)** \_\_\_\_\_

**Are you currently on any medication? No/ Yes (Specify)** \_\_\_\_\_

**Do you have any drug or other allergies? No/ Yes (Specify)** \_\_\_\_\_

**Are you pregnant? Not Applicable/ No/ Yes**

**How do you get to know about our clinic? (Please tick ONLY one)**

<input type="checkbox"/>	Google	<input type="checkbox"/>	Referral (Specify) _____
<input type="checkbox"/>	Yahoo!	<input type="checkbox"/>	Newspaper/ Magazine (Specify) _____
<input type="checkbox"/>	Internet Forum (Specify) _____	<input type="checkbox"/>	Others (Specify) _____