

Pasiënt / Patient: \_\_\_\_\_

**Chroniese siekte toestand / Chronic medical condition:**

(Bv: Hoë bloeddruk, diabetes, HIV - Ex: High blood pressure, diabetes, HIV)

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**Kroniese Medikasie / Chronic medication:**

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**Vorige operasies / Previous operations:**

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**Allergieë / Allergies:**

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**Lengte / Length:** \_\_\_\_\_

**Gewig / Weight:** \_\_\_\_\_