The Sydney Hernia Clinic

Holroyd Private Hospital

6-12 Months Follow Up Form

Form no. 5

Patients Number	
Patient's Surname	
Patient's Given Name	
Date of Birth	
Address	

6 – 12 Months Follow Up

Follow up Date	
Recurrence	☐
Chronic Pain	☐ If Yes Specify

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Pain Score

Nil — Mild — Moderate — Severe

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10