

CURRENT MEDICAL STATUS

Name: _____ Date of birth: _____

Have you ever suffered from any of the following conditions? Please give details.				
Asthma	Diabetes	High blood pressure	Epilepsy	Stroke
Kidney disease	Heart disease: Please state		Other: Please state	
Have you had any operations? Please state:				
Has your parent/brother/sister suffered from any of the conditions below? Please give details.				
Asthma	Diabetes	High blood pressure	Epilepsy	Stroke
Kidney disease	Heart disease: Please state:	Cancer : Please state:	Other: Please state	
Please list any medication that you are taking: Have you ever reacted to medication? If yes what medication?				
Are you a smoker? Yes / No		How many cigarettes a day?		
		How many years have you been a smoker?		
If you are an ex-smoker:		When did you stop smoking?		
If you drink alcohol:		How much do you consume a week?		
Do you exercise regularly?		What type of exercise?		
		How many times a week?		
		For how many minutes?		
When was your last Tetanus vaccination?				
Do you have any allergies – please state:				
For women only:	When was your last smear? Was this your first smear?		Have you had an abnormal smear? If so, when?	
	When was your last mammogram?			
	Woman aged 45-69yrs are entitled to free mammograms. Would you like to enrol YES / NO Would you like to be enrol for free mammograms when you turn 45yrs YES / NO			

Today's date: _____

Medtech updated: _____ (Staff use only)

**This information is for the use of the
Medical Staff only**