

## **CURRENT MEDICAL STATUS**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

<b>Have you ever suffered from any of the following conditions? Please give details.</b>				
Asthma	Diabetes	High blood pressure	Epilepsy	Stroke
Kidney disease	Heart disease: Please state		Other: Please state	
<b>Have you had any operations? Please state:</b>				
<b>Has anyone in your family (Parent/Brother/Sister/G'Parent/Aunt/Uncle-suffered from any of the following conditions? (Below) Please give details.</b>				
Asthma	Diabetes	High blood pressure	Epilepsy	Stroke
Kidney disease	Heart disease: Please state:	Cancer : Please state:	Other: Please state	
<b>Please list any medication that you are taking: Have you ever reacted to medication? If yes what medication?</b>				
<b>Are you a smoker?</b> Yes / No		How many cigarettes a day?		
		How many years have you been a smoker?		
<b>If you are an ex-smoker:</b>		When did you stop smoking?		
<b>If you drink alcohol:</b>		How much do you consume a week?		
<b>Do you exercise regularly?</b>		What type of exercise?		
		How many times a week?		
		For how many minutes?		
<b>When was your last Tetanus vaccination?</b>				
<b>Do you have any allergies – please state:</b>				
<b>For women only:</b>	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: \_\_\_\_\_

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

Medtech updated: \_\_\_\_\_ (Staff use only)