PATIENT MEDICAL HISTORY SURVEY:

 PATIENTS NAME:………………………………………………………………….. DATE OF BIRTH:………………………………………………….

 Have you EVER had any of the following? If “yes” give full particulars, including date and duration.

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICAL HISTORY | NO | YES | DETAILS |
|  Allergic reaction of any kind |  |  |  |
|  Asthma, bronchitis, pleurisy, breathlessness, lung complains |  |  |  |
| Hayfever, sinusitis or severe headaches |  |  |  |
| Blood pressure problems |  |  |  |
| Pain or tightness in chest |  |  |  |
| Palpitations or chest complaints |  |  |  |
| Indigestion, ulcer or repeated diarrhea |  |  |  |
| Hernia |  |  |  |
| Kidney or bladder problems |  |  |  |
| Hepatitis or diabetes |  |  |  |
| Bleeding from lungs, stomach bladder or bowels |  |  |  |
| Dermatitis or any other skin problem |  |  |  |
| Epilepsy, fainting attacks fits or blackouts |  |  |  |
| Trouble with eyes or vision |  |  |  |
| Ear trouble, ringing sounds of deafness |  |  |  |
| Nervous trouble |  |  |  |
| Previous medical condition not already mentioned |  |  |  |
| Surgical operations |  |  |  |
| Fracture (broken bones) |  |  |  |
| Joint pain or injury |  |  |  |
| Back pain or injury |  |  |  |
| Muscle, tendon or ligament trouble |  |  |  |
| Pains, aches, numbness or weakness in neck, shoulders or arms |  |  |  |
| Troublesome feet, bunions, swollen ankles or varicose veins |  |  |  |
| Worked in dusty conditions |  |  |  |
| Worked in noisy conditions |  |  |  |
| Worked on repetitive processes |  |  |  |
| Sporting, motor vehicle or work related injury or illness |  |  |  |
| Habits: Regular exercise (specify) |  |  |  |
| Cigarette smoker (cigarettes/day) |  |  |  |
| Alcohol consumption (glasses/day) |  |  |  |
| Medication (specify) |  |  |  |
| Drugs (specify) |  |  |  |
| Last chest x-ray |  |  |  |
| Date of last tetanus injection |  |  |  |
| Family history of serious illness (heart disease, diabetes etc) |  |  |  |

 The above information

 Is to the best of my belief,

 True and correct DATE………………………………… SIGNED…………………………………………………………………………………