Personal Medical History

Name:

Birth of date :

Telephone numbers:

Address :__________________________________

GP :

GP Address :__________________________________

GP Telephone

How would you say your current medical condition is ? :

List prescription and non-prescription medications you are taking:

Drug sensitivity and allergies (describe):

Have you ever been told you had one of the following?

Condition		
Lung disorder	☐ yes	☐ no
High blood pressure	☐ yes	☐ no
Heart trouble	☐ yes	☐ no
Any form of cancer	☐ yes	☐ no
Disease of the kidney	☐ yes	☐ no
Diabetes	☐ yes	☐ no
Arthritis	☐ yes	☐ no
Hepatitis	☐ yes	☐ no
Malaria	☐ yes	☐ no

Disease or disorder of the blood? (describe)______________________________

Any vision or hearing disorders? (describe)______________________________

Any life-threatening conditions? (describe)______________________________

Any contagious disorders? (describe)______________________________

Have you been treated by a physician or been disabled or hospitalised during the last year? (describe)

Have you had or been advised to have a surgical operation within the last five years? (describe)

Signature :

Print Name : ______________________________ Dated / / 2007