BMAS Teaching Clinic Date _ _ _ _ _ _ _ _ _

Patient History Sheet

It is necessary to have some background information about your medical history as part of the assessment procedure. Please answer as many of the following as you can while you are waiting to see the doctor.

SURNAME .....

INITIALS .....

CALLED ..... [the name you prefer to be called]

DATE OF BIRTH ..... AGE ..... SEX Male / Female

NATURE OF PROBLEM .....

DURATION OF PROBLEM ..... Days / Weeks / Months / Years

NAME & ADDRESS OF YOUR GP .....

.....

.....

OPERATIONS [with year or age at surgery]

e.g. TONSILLECTOMY AGE 9

.....

.....

.....

MEDICAL PROBLEMS [with year or age at diagnosis]

e.g. ANGINA 1990

.....

.....

.....

DO YOU HAVE ANY OF THE FOLLOWING ? [please circle the relevant conditions]

Asthma / Diabetes / Epilepsy / High Blood Pressure / Heart Disease / Disease of the Heart Valves / Pacemaker

DO YOU TAKE ANY DRUGS ?

eg ASPIRIN 75mg every morning

.....

.....

.....

.....

.....

….. HAVE ANY ALLERGIES ?

.....

.....

….. ANY DRUG SENSITIVITIES ?

.....

.....

.....

FAMILY HISTORY

eg FATHER Heart Attack age 65

.....

.....

.....

.....

.....

NON-SMOKER

EX-SMOKER ..... [years stopped]

SMOKER ..... [cigarettes per day]

ALCOHOL [upw = units per week; 1 unit = ½ a pint]

Nil / Minimal / Moderate {14 upw ♀; 21 upw ♂}

Other ..... upw

OCCUPATION ..... STATUS Single / Co-habiting

OCCUPATION OF SPOUSE ..... Married / Separated / Widowed

CHILDREN [first names and ages] .....

Please hand this directly to the clinic doctor at your first consultation. **Thank you.**