



ADDRESS

32 Durham Road

Raynes Park

London SW20 0TW

ADULT Medical Questionnaire

TO GAIN MAXIMUM TREATMENT TIME FILL IN FULLY.
Include EVERYTHING or your practitioner will need to spend extra time checking.

Illness

i.e. Chicken pox, Glandular fever, rheumatic fever, pneumonia, cancer, diabetes, TB etc

Accidents

Accidents, fractures, whiplash injuries etc

Operations / Procedures

Surgery, investigations, procedures, tests, scans, x-rays etc

Organ problems *ie Heart, Lungs, kidney, bowel trouble, water work issues, blood pressure, breathing difficulties, strokes, heart attacks, TIA etc.*

Gynaecology

Problems with womb, ovaries, menstrual cycle etc



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Neurology

Blackouts, nausea, dizziness, fainting, double vision, tingling, numbness epilepsy, etc

Medication

Which drugs do you take

Allergies

Hayfever, dust, asthma etc

Family History

Blood pressure, cancers, Parkinson's Disease, congenital anomalies etc

Other medical or relevant information

I confirm the details about are the best to my knowledge.

Signed _____ Name _____

Date _____