TUNBRIDGE WELLS OSTEOPATHS

Quentin Shaw DO
And Associates
REGISTERED OSTEOPATHS

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MEDICAL ALERT:……………………………… PRACTITIONER: ………………………………
NAME:…………………………………………… CASE NUMBER:……………………………………
ADDRESS:………………………………………… DATE: ……………………………………
……………………………………………… DATE OF BIRTH: ……………………………
……………………………………………… TEL NO (h):…………………………………………
……………………………………………… (w):…………………………………………
OCCUPATION:…………………………………… (m):…………………………………………
E-MAIL) ………………………………………………………………………………………………
GP'S NAME: ……………………………… SOURCE: ………………………………
GP'S ADDRESS ……………………………………………………………………………………
Medical Insurer/reference no …………………………………………………………………

Surname: ………………………… First Name: …………………………

Medial History Questionnaire.

Please tick if you have any past or present history of the following problems.

- ☐ Recent weight gain
- ☐ Recent weight loss
- ☐ Fatigue
- ☐ Weakness
- ☐ Fever
- ☐ Chills
- ☐ Night sweats
- ☐ Excessive thirst
- ☐ Excessive sweating
- ☐ Nausea
- ☐ Vomiting
- ☐ Heartburn
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Blood in stools
- ☐ Black stools

- ☐ Abdominal pain
- ☐ Stomach pain
- ☐ Difficulty swallowing
- ☐ Difficulty starting or stopping urination
- ☐ Change in frequency of urination
- ☐ Pain/burning on urination
- ☐ Blood in urine
- ☐ Blackouts
- ☐ Headaches
- ☐ Migraines
- ☐ Dizziness
- ☐ Loss of balance
- ☐ Fainting
- ☐ Change in vision
- ☐ Ringing in ears
- ☐ Memory loss

- ☐ Areas of numbness
- ☐ Areas of pins and needles
- ☐ Chest pain
- ☐ Chest, arm or jaw pain
- ☐ on exertion / exercise
- ☐ Heart palpitations
- ☐ Swollen ankles / feet
- ☐ Shortness of breath
- ☐ Coughing
- ☐ Cold hands / feet
- ☐ High blood pressure

For women only

- ☐ Irregular periods
- ☐ Early menopause
- ☐ Bleeding after menopause
- ☐ Other gynaecological problems

Does anyone in your family suffer from:

☐ Diabetes	☐ Cancer	☐ Heart Problems	☐ Other (please specify)...

Please list any major illnesses or conditions you have previously (or currently do) suffer from:

Please list any previous traumas accidents and operations:

Please list any medication you are currently taking & any previous long term medication:

Please give a brief summary of your presenting problem; including tests / scans / x-rays.

FOR YOUR PRACTITIONER TO COMPLETE:

Presenting Complaint:

Past medical history: