TUNBRIDGE WELLS OSTEOPATHS

Quentin Shaw DO
And Associates
REGISTERED OSTEOPATHS

5 Upper Grosvenor Road
Tunbridge Wells
Kent TN1 2DU
01892 535858

First Name: .....

Surname: .....

MEDICAL ALERT:……

NAME:……..

ADDRESS:……

…..……

……

……

OCCUPATION:……

PRACTITIONER: ……

CASE NUMBER:……

DATE: ……

DATE OF BIRTH: ……..

TEL NO (h):……

(w):……

(m):……

E-MAIL) ……..

GP'S NAME: ……. SOURCE: ……

GP'S ADDRESS ……..……

Medical Insurer/reference no ……...

Medial History Questionnaire.

Please tick if you have any <u>past</u> or <u>present</u> 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:

Additional notes:

Presenting Complaint:

Past medical history: