

Medical Questionnaire

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You are being asked these questions for your own safeguard. There are certain medical situations that we need to know about. These may not seem relevant to you in relation to your condition. Your osteopaths are trained to the same standards respectively, as are doctors or dentists. This means we have a specific responsibility in law to safeguard patients against potential harm.

Illness

Please list all *illnesses, diseases or conditions* you have suffered from. ie cancer, diabetes, TB, rheumatic fever, pneumonia, etc (You may exclude colds cough & flu).

Accidents

Please list any accidents, fractures, injuries you have had including car, motorbike or if you have suffered any significant physical trauma to your body.

Operations / Procedures

Please list any surgery, investigations, tests, scans, x-rays.

Do you suffer from any conditions relating to your -

- (1) Heart or Lungs, ie blood pressure, breathing difficulties, strokes, heart attacks, TIA etc
- (2) Bowels or Bladder, ie irritable bowel, diarrhoea, constipation, ulcer, prostate, reflux, urinary infections, thrush, cyctitis, difficulties going to the toilet.

Gynaecology

Have you had any problems, procedure or treatment relating to your womb or ovaries?

Neurology

Have you suffered from blackouts, nausea, dizziness, fainting, double vision, tingling, numbness epilepsy, etc

Drugs

Please list any drugs you are taking or recently have been taking.

Allergies

List any foods medicine or substances you are allergic to or conditions ie Hay-fever, Eczema Asthma etc

Have you ever had any abnormal bleeding after dental extractions, surgery or injury?

Have you any family history of any diseases, conditions, illness or medical disorders ie blood pressure, breast cancers, Parkinsons, congenital anomalies etc.

Is there area of your medical history that we have not asked you about or any further comments you wish to make.

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

Signed _____ Name _____ Dated _____