

PERSONAL MEDICAL HISTORY

Title _____ Surname _____ Forenames _____
Date of Birth _____ Country of Birth _____
Sex _____ Marital Status _____ Occupation _____

Address _____
_____ Postcode _____

Home Tel _____ Home Fax _____ Mobile _____
Work Tel _____ Work Fax _____ E Mail _____

Chemist _____ Tel _____
Medical Insurance Co _____ Tel _____
Next of Kin _____ Tel _____

NHS Number _____ NHS GP _____ Tel _____
NHS GP Address _____
_____ Postcode _____

Please list all past illnesses, accidents and operations. If possible state year, place, hospital and consultant/specialist. (Continue on a separate sheet if necessary)

Smoker: Yes / No _____ If yes, number smoked per day? _____
Units of alcohol consumed per week on average (1 unit = _ pint beer; 1 small glass of wine or 1 measure of spirits) _____

Regular medications _____

Allergies - Drug / Non-Drug / Food _____

Blood Group _____ Rubella Immunity _____

Last Tetanus and Polio Booster; Recent Travel Vaccinations: _____

Date and Result of Last Cervical Smear: _____

Height _____

Weight _____

FAMILY HISTORY

| <u>Relation</u> | <u>Living</u> | | <u>Deceased</u> |
|---------------------|----------------------|------------------------|-------------------------------|
| | <u>Date of Birth</u> | <u>State of Health</u> | <u>Age and Cause of Death</u> |
| <u>Grandparents</u> | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| <u>Father</u> | _____ | _____ | _____ |
| <u>Mother</u> | _____ | _____ | _____ |
| <u>Brothers</u> | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| <u>Sisters</u> | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| <u>Partner</u> | _____ | _____ | _____ |
| <u>Children</u> | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

In order for us to comply with the Care Standards Inspectorate for Wales, would you please answer the following questions:

I consent to the release of my medical notes to my NHS GP Yes / No

I require a chaperone Yes / No

The Practice has a complaints procedure. Details are on www.theindependentgeneralpractice.co.uk

Where did you learn about this Practice / Who recommended this Practice to you? _____

We welcome feedback, positive or negative. Comments _____

Name of Patient _____

Date _____

Signature of Patient _____

COMMUNICATION WITH YOUR NHS GENERAL PRACTITIONER

Please delete as appropriate:

I consent / do not consent the Independent General Practice or the Specialist to contact my NHS G.P. with information concerning my referral or consultation.

Name of G.P.

Address of G.P.

.....

.....

Name of Patient

Signature

Date

I wish / do not wish for a copy of my referral letter to the Specialist and copy of the Specialist's letter to The Independent General Practice forwarded to me.

Signature

Date

If you consent, relevant information will be shared with your NHS GP within 4 weeks of the consultation. Alternatively, important medical information can be given to yourself to keep. This is to ensure that your full medical history is available for reference when required.