

**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](http://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.

