PATIENT CASE HISTORY FORM

Please be assured that any information on this form will be treated in confidence

Please try to give as much information as possible in your answers. Do not be concerned if you do not understand any questions or are not sure of any answers. If you need help please ask when you arrive. If you feel any questions are too personal to give written answers you can discuss them during your consultation.

Personal details	
First name	Last name
Address	
	Post code
Parents/Guardians Names (if appropriate)	
Date, place & time of birth (where known) / / : am/pm @	
Work phone	Home phone
Mobile	E-mail
Gender & Colour of eyes	Marital status
No. of children	
Occupation	Employment status
Height & Weight	Blood type A AB B O Rh positive Rh negative
Name & phone of a family member/contact	
Who recommended you? Yellow Pages/GP/Friend/Relative/Patient/Health Food shop/Or (circle more than one if possible)	
Form of consent: *I confirm that I have requested treatment*	
Date	Signature
General Practitioner (for our records only)	
Name	Phone
Address	
Have you seen your GP for your present condition & when was the last time?	
Present Illnesses & Problems (The conditions you would like treated)	

Current Medication (name, dosage and what they are for)

Medical History

Vaccinations (List all vaccinations, age if known and any adverse reactions e.g. Polio, BCG, DPT (Diphtheria, Whooping cough, Tetanus), Influenza, Rubella, Smallpox, Tetanus, MMR (Measles, Mumps, Rubella), Meningitis, Hepatitis

Allergies (List all allergies past and present)

Childhood Illnesses (Please give your age when you had the various childhood illnesses e.g. Mumps, Measles, Chicken pox, Whooping cough, Rubella, Scarlet fever, indicating if you had any of them severely or if they had long term effects)

Operations (Please give your age and details of all operations)	
Accidents (Please give details of any serious injuries? Do any of them still affect you now?)	
Family Medical History	
(What serious illnesses have your family had? Also the cause of any deaths and their ages)	
Mother	Father
Sisters	Brothers
Maternal Aunts	Paternal Aunts
Maternal Uncles	Paternal Uncles
Maternal Grandmother	Paternal Grandmother
Maternal Grandfather	Paternal Grandfather
Food & Drink	
What is your appetite like?	
Are there any foods that disagree?	
What do you drink and how much?	
Do you drink alcohol, and if so, how many units a week?	
Do you smoke, and if so, how many a day?	
Sleep	
Do you have any problems in sleeping?	
How many hours sleep do you need? Are you refreshed after sleeping?	
Bowels	
Do you have regular bowel motions?	
Do you have constipation, piles or diarrhoea?	
Bladder	
Do you have any bladder problems e.g. cystitis, incontinence etc.	
Childhood (if applicable)	

Mother What was your mother's health like when she was pregnant with you? Did she have high blood pressure, toxaemia, vomiting, emotional stress, anaemia or anything else?

Birth Your birth was it normal, forceps, difficult, breech, premature, caesarean?

Babyhood Were your breast-fed and for how long? At what ages did you walk, talk, first teeth? What was your temperament like as a baby?

Men only

Any sexual dysfunction, dribbling after urination, or prostate problems?

Women only

Menstruation At what age did you begin to menstruate? Did you have any period problems as a teenager? If your periods are painful can you describe the pain? e.g. cramping, dragging etc. Do you get the pain before and/or during a period? Are your periods heavy or light? How many days do they last and how long is your cycle?

PMS Do you have any pre-menstrual symptoms? e.g. painful breasts, fluid retention, ovarian pains, irritability, depression or other symptoms? How many days before a period do the symptoms start?

Leucorrhea Do you get vaginal discharges or itching?

Menopause Have you had any menopausal symptoms? e.g. hot flushes, sweating, heavy or irregular periods?

Pregnancy How old were you with each pregnancy? Did any of them result in miscarriages or terminations? Did you ever have any problems during or after any of the pregnancies or births?