

Personal Health Summary

Private and confidential. Complete and bring to the appointment.

Appointment / / : with at main/branch surgery/telephone

Circle where appropriate.

PERSONAL DETAILS (circle if changed)

Name Date of Birth

Address

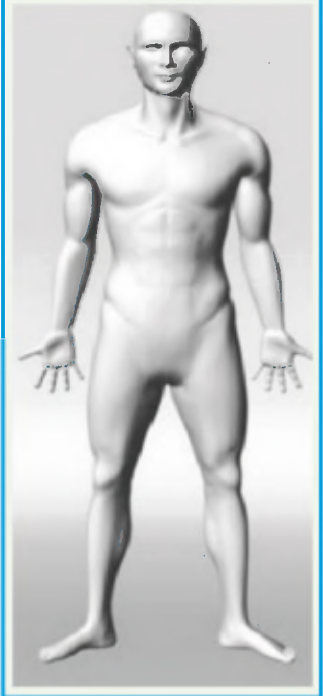
Contact Telephone Email Mobile

HEALTH EXPECTATIONS

Questions?	Previous treatment?	Friends / Family worries?
Check Risk?	Referral?	Tests?
Going Private?	Internet?	Bad news?

PRESENT PROBLEM OR SYMPTOMS New Review Admin Check Up

PROBLEM AREAS



PAST MEDICAL HISTORY

Illnesses: Blood Pressure Diabetes Anaemia Acid Arthritis Asthma COPD
 Epilepsy IBS Heart Disease Thyroid Bowel Disease Depression
 Psychosis

Operations: Head Neck Chest Abdominal Pelvis Joints Spine

Injuries / Fractures: Hands Feet Arms Legs Head Face Neck Back Chest

MEDICATION (Side effects / allergy / over the counter)

TESTS (Yes=Y No=N Number)

CT/MRI Ultrasound Angiogram Camera

Abnormal - blood count urine stool kidney liver cholesterol sugar ECG

SOCIAL CIRCUMSTANCES

Occupation – Employer

Job Title

Lives with

Children

Carer

Changes – births/deaths/marriage/work/relationships

Family History

Driver

Benefits

Social life

LIFESTYLE

Height

Weight

Smoke

Alcohol

Travel ?

Exercise/sport

Diet

Take away cheese cake crisps biscuits fat spreads sugary drinks

OTHER SYMPTOMS

Cough

Swallowing

Tinnitus

Deafness

Deafness

Ulcer

Discharge

Water

Stools

Wind

Wheeze

Ache/Pain

Overweight

Vision

Swelling

Feeling Hot

Dizzy

Deformity

Spasms

Numbness

Red Flags: Severe Pain Weight Loss Bleeding Falls Injury Lumps Collapse Fatigue Disability
Off Food Short of Breath

THINKING

Stresses

Mild Low Mood Worries Loss of Interest Fatigue Self Esteem Tearful Angry Outbursts

Moderate Abnormal Thoughts Agitated Panicky Flashbacks Nightmares Guilt Compulsions

Severe Self Harm Dangerous/Violent Hallucinations Paranoia Addiction

SIGNIFICANT EXAMINATION FINDINGS

Blood Pressure / Peak Flow Waist Size Oxygen Sat Temperature

ADVICE GIVEN

Working Diagnosis Review weeks Blood test Prescription

Telephone [who/when] Collect Letter / Form Referral to

Fit/Sick Note weeks Advice sheet