

MEDICAL HISTORY FORM

NAME :

Diabetes Yes No

Heart Disease Yes No

Lung disease Yes No

Kidney disease Yes No

Liver disease Yes No

Bleeding disorder Yes No

Pregnant/breast feeding Yes No

Medications

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Drug Allergies

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If you have circled yes to heart disease, lung disease
kidney disease, liver disease, bleeding disorder *or if*
you have any other medical problems please outline
in more detail in the space below

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Previous operations

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Family history of gastroenterology or liver disease

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How did you hear about us?

- ☐ Have been here before
☐ Recommended by a friend/relative
☐ Recommended by GP

Occupation.....

Height.....

Weight.....

I have been given the opportunity to read the Privacy Policy

Yes No