This a common medical history form. This should be used in combination with a referral form with an URN.

ADULT (>16) MEDICAL HISTORY FORM

URN:	PLEASE ENTER THE URN FROM THE REFERRAL FORM. THIS FORM SHOULD BE SUBMITTED WITH THE REFERRAL FORM. ATTACH WITH A PAPER CLIP. *PLEASE DO NOT STAPLE*.

DO NOT LEAVE BLANK – PLEASE PLACE "NAD" IF REQUIRED – BLANKS FORMS WILL BE RETURNED

MEDICAL ALERT – Please note here anything of particular importance in the medical history and their impact on delivering care within a regular primary care setting.

DOES THE PATIENT HAVE / SUFFER FROM / CURRENTLY EXPERIENCING

- ☐ RECEIVING TREATMENT FROM HOSPITAL DOCTOR OR CLINIC?
- ☐ BLOOD OR BLEEDING DISORDER?
- ☐ TAKING ANY PRESCRIBED / NON-PRESCRIBED MEDICATION
- ☐ INFECTIOUS DISEASES (HEPATITIS)?
- ☐ PREGNANT OR POSSIBLY PREGNANT?
- ☐ LIVER DISEASE?
- ☐ HEARING IMPAIRMENT?
- ☐ SPEECH IMPAIRMENT?
- ☐ COMMUNICATION PROBLEM?
- ☐ CARRYING A MEDICAL WARNING CARD**?**
- ☐ HEART DISEASE?
- ☐ BRONCHITIS, ASTHMA OR OTHER CHEST COMPLAINT?
- ☐ PACE MAKER
- ☐ BLOOD PRESSURE?
- ☐ VISUAL IMPAIRMENT?
- ☐ LEARNING DISABILITY?
- ☐ AUTISM?
- ☐ OTHER?________________________________

PLEASE PROVIDE DETAILS OF ANY CONDITION INDICATED ABOVE INCLUDING ASSESSMENT OF SEVERITY AND IMPACT ON DELIVERING CARE

MEDICAL ALERTS

- ☐ EPILEPSY
- ☐ UNCONTROLLED HIGH BP
- ☐ ALLERGIES
- ☐ RHEUMATIC FEVER
- ☐ REQUIRES AB COVER
- ☐ IMPLANTS OF ANY KIND

PLEASE LIST ANY ALLERGIES HERE

MOBILITY ISSUES

- ☐ WALKS UNAIDED
- ☐ WALKS AIDED
- ☐ WHEELCHAIR USER
- ☐ BEDRIDDEN

PLEASE PROVIDE DETAILS OF PATIENT'S SMOKING STATUS INCLUDING DAILY TOBACCO CONSUMPTION (E.G. CIGARETTES/DAY) AND UNITS OF ALCOHOL CONSUMED PER WEEK

PLEASE PROVIDE DETAILS OF ANY PRESCRIBED MEDICINES HERE. YOU MAY ATTACH FURTHER DETAILS TO THIS FORM AS REQUIRED