A3.18 MEDICAL HISTORY (PAGE ONE)

(Excluding depression and dementia related symptoms)

Is there any relevant significant medical history in the following systems?

Code	System	*Yes	No	Code	System	*Yes	No
1	Cardiovascular			9	Neoplasia		
2	Respiratory			10	Neurological		
3	Hepatic			11	Psychological		
4	Gastro-intestinal			12	Immunological		
5	Genito-urinary			13	Dermatological		
6	Endocrine			14	Allergies		
7	Haematological			15	Eyes, ear, nose, throat		
8	Musculo-skeletal			00	Other		

*If **YES** for any of the above, enter the code for each condition in the boxes below, giving further details (including dates) and state if the condition is currently or potentially active. If giving details of surgery please specify the underlying cause. Use a separate line for each condition.

Specifically asked about pain (inc. angina), hypertension, current thyroid problems, cancer, strokes, thickening of arteries, breathing difficulties, slurred voice, drooping of the face, being weaker on one side than the other, and fits (inc. epilepsy)			Currently Active? (Tick yes if medication ongoing)	
Code	**Medical Condition**	**Dates**	**Yes**	**No**