

Current Medication	Dose (mg)	Frequency *	Date started (dd/mm/yy)

* Frequency: daily, weekly, monthly, prn, twice weekly, bd, tds, qds, asd.

Medical history:

Does the patient have any of the following medical conditions?

- **Cardiovascular disease** Yes No
- **Respiratory disease** Yes No
- **Hepatic disease** Yes No
- **Gastrointestinal disease** Yes No
- **Renal disease** Yes No
- **Urological conditions** Yes No
- **Neurological disease** Yes No
- **Musculoskeletal problems** Yes No
- **History of falls** Yes No
- **Dermatological** Yes No
- **Other** Specify
