

THE COLERIDGE MEDICAL CENTRE

CANAAAN WAY • OTTERY ST MARY • DEVON EX11 1EQ

Telephone 01404 814447 • Fax 01404 816716 • e-mail coleridgemedicalcentre@nhs.net

THIS INFORMATION WILL BE TREATED AS PRIVATE AND CONFIDENTIAL

Date Completed.....

Surname..... Date of Birth.....

For names..... Marital Status.....

Previous Names..... Occupation.....

Address.....

.....Postcode.....

Telephone..... Mobile.....

Email address.....

MEDICAL HISTORY

Are you in good health?.....

Have you had any previous, serious or recurrent illnesses, accidents or operations?.....

<u>Illness/Accident/Operation</u>	<u>Year</u>	<u>Hospital (if appropriate)</u>

Are you taking any medication?.....

<u>Medication</u>	<u>Dose</u>	<u>For how long?</u>

How much alcohol do you drink per week and in what form?.....

How much do you smoke per day and in what form?.....

Are you allergic to anything?.....

The following chart shows amounts of exercise over a 4 week period. Please tick the box that describes the amount of exercise you take in a month.

<u>Activity of 20 minutes</u>	<u>Duration in previous 4 weeks</u>	<u>Tick</u>
Vigorous	On 12 or more occasions	
Moderate/vigorous	On 12 or more occasions	
Moderate	On 12 or more occasions	
Moderate/vigorous	On 5-11 occasions	
Moderate/vigorous	On 1-4 occasions	
None		

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