accidents, illnesses
current medication

Illnesses

List past illnesses that required medical treatment

Illness	Description	Year

Accidents

List past accidents (childhood, motor vehicle, work, sports etc.)

Accident	Description	Year

Medication

List all medication you are currently taking, including recreational drugs

Pain management

Cardiovascular

Digestion

Other

Tick all boxes of conditions that **currently** apply

A Cardiovascular — N
1. Blood pressure ☐
2. Resting pulse ☐
3. Palpitations ☐
4. Chest pain ☐
5. Circulation ☐
6. Swollen ankles ☐
7. Varicose veins ☐

B Respiratory — N
1. Smoker ☐
2. Sinus ☐
3. Catarrh ☐
4. Chronic cough ☐
5. Blood ☐
6. Breathing difficulty ☐
7. Asthma ☐
8. URI ☐

C Glandular — N
1. Thyroid ☐
2. Diabetes ☐

D Genito-urinary — N
1. Incontinence ☐
2. Stress incontinence ☐
3. Frequency ☐
4. Pain ☐
5. Blood ☐
6. Prostate ☐
7. Kidney/UTI ☐

E Nervous system — N
1. Sense of smell ☐
2. Sense of taste ☐
3. Sense of sight ☐
4. Sense of hearing ☐
5. Sense of touch ☐
6. Muscular tremor ☐
7. Cramp ☐
8. Epilepsy ☐

F Skin — N
1. Eczema ☐
2. Athletes foot ☐
3. Psoriasis ☐

G Gastrointestinal — N
1. Weight gain/loss ☐
2. Appetite ☐
3. Heartburn ☐
4. Indigestion ☐
5. Wind ☐
6. Flatulence ☐
7. Nausea/vomiting ☐
8. Diarrhoea ☐
9. Constipation ☐
10. Abdominal pain ☐
11. Haemorrhoids ☐
12. Jaundice ☐

H Menstruation — N
1. Menopause ☐
2. Excessive flow ☐
3. Pain/cramps ☐
4. Abnormal discharge ☐
5. Irregular cycle ☐
6. Breast tenderness ☐
7. PMS ☐