Medical History Summary:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin Name:

How Related:

Mobile:

Landline:

2nd Next of Kin Name:

How Related:

Mobile:

Landline:

|  |  |  |
| --- | --- | --- |
| Communication(circle answer) | Preferred language: English / Gujarati / both  Can speak English – none / some / well / fluent  Can understand English – none / some / well / fluent  Vision – vision ok without glasses / wears glasses  Hearing – hearing ok / hard of hearing / wears hearing aids | |
| Personal Care(circle answer) | Dental – own teeth / dentures  Swallowing – no problems / adjusted diet (write details)  Toileting – can use toilet / uses pads / wears nappy  Washing – can wash and dress / needs assistance / needs total help  Skin – skin intact / damaged skin / pressure sore | |
| Drug or medication allergies | No known drug allergies / Drug Allergy (list below with details) | |
| Food allergy and diet (circle answer) | Vegan / Vegetarian (no eggs) / Vegetarian (eats eggs) / Other:  No food allergy / Food allergy (list below with details) | |
| Smoking/Alcohol | Smoking – never smoked / previously smoked / current smoker  Alcohol – no alcohol / infrequent alcohol / regular alcohol  Any herbal or ayurvedic tablets: No / Yes (list below) | |
| How do they walk | By themselves / with a stick / with a zimmer frame / uses wheelchair / hoist / stays in bed | |
| Medical Problems (circle yes or no) | High blood pressure Yes/No  Diabetes Yes/No  Kidney disease Yes/No  Depression/Anxiety Yes/No | High cholesterol Yes/No  Asthma/COPD Yes/No  Thyroid disease Yes/No  Anaemia Yes/No |
| Please write any details alongside:  Stroke Yes/No  Heart attack Yes/No  Heart bypass or angiogram Yes/No  Heart failure (with fluid in legs or lungs) Yes/No  Cancer Yes/No  Eye problems Yes/No  Memory problems or confusion Yes/No | |
| Any other medical problems |  | |
| Previous Surgery |  | |
| Medication ListWhat medicationWhat doseWhen taken |  | |