

11.	Have you been diagnosed with any other problems not mentioned in question 10 on the previous page? Please list:	1.	2.				
		3.	4.				
		5.	6.				
12.	Do you have any injuries related to employment (or) caused by a vehicle accident, for which you are claiming or planning to claim compensation?						
13.	Please list all major operations you have had. (Ignore wisdom teeth removal; vasectomy; tubal ligation; ingrown toenails and benign mole removals.)	1.	2.				
		3.	4.				
14.	Please list all prescription medications you need to take with their dosages.	1.	2.				
		3.	4.				
		5.	6.				
		7.	8.				
15.	Do your parents or any of your siblings suffer from any pertinent medical or mental problems, hereditary conditions or any cancers? – Please provide details	Father:	Mother				
		Brothers:	Sisters				
16.	Are you allergic to any medications? Please list.	1.	2.				
		3.	4.				
17.	Do you currently have any specific medical concerns needing attention during future visits? Please list them in order of priority.	1.	2.				
		3.	4.				
18.	<p>Please indicate approximate dates for the most recent following examinations or tests:</p> <ul style="list-style-type: none"> ● Last complete medical examination ● Adults only: <ul style="list-style-type: none"> ○ Last blood pressure check ○ Last blood cholesterol test ○ Last blood sugar test ● Adult Women only: <ul style="list-style-type: none"> ○ Last papsmear ○ Last mammogram ○ Last bone density test ● Men over 40 years only: <ul style="list-style-type: none"> ○ Last prostate & PSA check ● All patients older than 50 years: <ul style="list-style-type: none"> ○ Last Electrocardiogram ○ Last Chest X-Ray 	DATE RANGE < 1 Yr 1 – 3 Yrs > 3 Yrs Never		RESULTS Normal Abnormal			
		○	○	○	○	○	○
		○	○	○	○	○	○
		○	○	○	○	○	○
		○	○	○	○	○	○
		○	○	○	○	○	○
		○	○	○	○	○	○
		○	○	○	○	○	○

Thank you for completing this personal health questionnaire which will become part of your medical file.

Signature

Date