

# ROWVILLE HEALTH

## NEW PATIENT MEDICAL HISTORY SUMMARY

If the patient is a child aged 15 or under, this form must be completed by a Parent/Guardian. If any section of this form is not applicable, please leave blank.

Patient Name: ..... Date of Birth     /     /

Do you, the patient, have a past history of any significant illness, injury or operation:

- |               |                          |                |                          |
|---------------|--------------------------|----------------|--------------------------|
| Heart disease | <input type="checkbox"/> | Asthma         | <input type="checkbox"/> |
| Diabetes      | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Cancer        | <input type="checkbox"/> | Operations     | <input type="checkbox"/> |
| Other         | <input type="checkbox"/> |                |                          |

Please provide a brief description of above .....

.....

Do you, the patient, have any allergies to, or are you sensitive to, drugs or dressings?

- No             Yes : *(please elaborate)*

Have any members of your family had: *(please elaborate)*

- |               |                          |                |                          |
|---------------|--------------------------|----------------|--------------------------|
| Heart disease | <input type="checkbox"/> | Asthma         | <input type="checkbox"/> |
| Diabetes      | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Cancer        | <input type="checkbox"/> | Stroke         | <input type="checkbox"/> |

Do you take any regular medications? (Including puffers and Contraceptive pills). If you are unable to provide a reliable list of all medications you are taking, we advise you to return to the surgery with all your medications.

| Medication | Times per day |
|------------|---------------|
| .....      | .....         |
| .....      | .....         |
| .....      | .....         |
| .....      | .....         |
| .....      | .....         |
| .....      | .....         |
| .....      | .....         |

