

## **Medical History Form**

Thank you for taking the time to download and fill out this form. To give you the best possible care, it's important to have your full medical history.

Be assured that all information provided is kept strictly confidential.

**Name:**

**Surname:**

**Date of Birth:**

**Who is your General Practitioner?**

**Who is your referring doctor (if different from your GP)?**

**Chronic illnesses and conditions (like high blood pressure or diabetes):**

**Current medication(s) and dosage(s):**

**Previous operations (please list the nature of operation and year in which it was done, as well as the name of the surgeon who performed your surgery):**

**Allergies:**

**Has any of your parents, grandparents, siblings had cancer?**