

MEDICAL QUESTIONNAIRE

NAME

D.O.B



MEDICAL HISTORY

Do you suffer, or have you suffered, from any of the following conditions? (circle as appropriate)

Heart Disease	Yes	No	Since:
Stroke	Yes	No	Since:
Cancer	Yes	No	Since:
Diabetes	Yes	No	Since:

Asthma	Yes	No	Since:
High Blood Pressure	Yes	No	Since:
Epilepsy	Yes	No	Since:
High Cholesterol	Yes	No	Since:

Please list any medicines/tablets you are taking:

Do you have any allergies? (circle as appropriate)

Yes No

If yes, please state:

LIFESTYLE

Smoking Status (circle as appropriate):

Smoker Non-Smoker Vaper Ex-Smoker

If you smoke, vape or have ever smoked, for how many years?

() years

Exercise / Activity Levels (circle as appropriate):

Low Moderate High

Alcohol Intake

() units per week

(A 250 ml glass of wine has about three units of alcohol, a can of lager/beer/cider (440ml, ABV 5.5%) has 2 units.)

MEDICAL DATA

BP	Weight	Height	BMI	Waist	Body Fat	Cholesterol	Glucose

Cholesterol results are only an estimate of your total cholesterol level. While the test is often accurate, it should not be used as a substitute for your health care provider's assessment.

Disclaimer

Information obtained is confidential and will not be used by Lifelong Health. Data recorded is for personal use and information only and should not replace the guidance and advice of your General Practitioner.

Signed (Practitioner).....

Signed (Client).....