



MEDICAL QUESTIONNAIRE

Please complete the questionnaire below. The information is required with Consummate Care's clients, staff and your interests in mind.

Have you ever:	No	Yes	Please give details.
Had an operation?			
Been seriously injured?			
Received treatment for a physical or mental condition?			
Been refused work or dismissed from employment for health reasons?			
Received a disability pension?			
Been made ill by your work?			
Taken time off due to stress?			
Been refused a drivers license because Of ill health?			

Please tick if you currently suffer from, or ever have suffered from:			
Diabetes	<input type="checkbox"/>	Skin rashes/eczema	<input type="checkbox"/>
High/low blood pressure	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Headaches (frequent)	<input type="checkbox"/>
Cough (frequent)	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	Chest problems	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Fainting or dizziness	<input type="checkbox"/>
Epilepsy/fits	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
		Swelling of legs/ankles	<input type="checkbox"/>
		Period/prostrate problem	<input type="checkbox"/>
		Varicose veins	<input type="checkbox"/>
		Rupture	<input type="checkbox"/>
		Back problems	<input type="checkbox"/>
		Sight problems	<input type="checkbox"/>
		Hearing problems	<input type="checkbox"/>
		Nerve problems	<input type="checkbox"/>

Please answer yes or no to the following:	
Do you take medication regularly?	<input type="checkbox"/>
Do you need glasses to read?	<input type="checkbox"/>
Have you worked in a dusty trade?	<input type="checkbox"/>
Have you ever had a head injury?	<input type="checkbox"/>
Do you suffer from any other ailments?	<input type="checkbox"/>

Signature: _____

Name: _____

Date: _____