

The Chapel Medical Centre

Patient Medical History Form

Patient Name: Robinson Gatchallan **Date of Birth:** /08 / 05 /1987

To help the Doctor serve you better, please complete the information below. Thank you!

Allergies: No known allergies. (If yes, please list all Drug, Food and Environmental allergies below.)

Medications: Preferred Pharmacy: Tesco Pharmacy Location: Brunel Wy., Slough SL1 1XW

Please list down all Over the Counter and Prescribed Medications with their corresponding dosages: (If known)

NAME OF MEDICATION	STRENGTH	HOW OFTEN	MONTH/YR. STARTED
Metformin Hydrochloride	500 mg	Twice daily	2019
Lipitor	20 mg	Once daily	2019
Gliclazide tablet	80 mg	Once daily	2019

Personal Medical History: Did you in the **Past**, or do you **Currently** have problems with any of the following?

Please check all that apply to YOU.

CONDITION	PAST	CURRENT	DATE/AGE/ONSET:	DATE/AGE RESOLVED:
ABDOMINAL PAIN-CHRONIC				
AGITATION				
ALCOHOL ADDICTION/ABUSE				
ALLERGIES				
ANEMIA				
ARTHRITIS				
ASTHMA				
BACK PAIN-RECURRENT				
BLEEDING EASILY				

BLOOD IN URINE/HEMATURIA				
BLOODY OR TARRY STOOLS				
BONE FRACTURE OR JOINT INJURY				
CANCER				
CATARACTS				
CHEST PAIN				
CHICKEN POX				
CHRONIC COUGH				
CHRONIC FATIGUE				
COLD NUMB FEET				
COLITIS				
CONSTIPATION				
CROHN'S DISEASE				
DECREASE FLOW OF URINE OR FORCE OF URINE				
DECREASED OF HEARING				
DEPRESSION/MOODINESS				
DIABETES	✓	✓	2019/32	On-going Medication