**Medical History**

**Name DOB**

**Email Address**

**Address**

**GP name**

**GP surgery**

**Please list any current medication**

**Please list any current medical conditions below (e.g. asthma, epilepsy, COPD, diabetes)**

**Are you currently undergoing medical treatment? e.g. waiting for further investigation**

**Please list any operations/ occasions you have been hospitalised through illness**

**Please list any relevant family medical history (e.g. arthritis, heart conditions)**

**Please list any old injuries (e.g. sprain, broken bones, concussion)**

**Any additional information**

**To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the clinic of any changes in medical status.**

**SIGNATURE OF PATIENT, PARENT, or GUARDIAN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send to**

[**enquiries@sarahrogerschiropractor.co.uk**](mailto:enquiries@sarahrogerschiropractor.co.uk)