

Medical Profile

Name _____ Age _____ ph: _____

Address _____ Post Code _____

Please read the following questions and answer appropriately.

1. Are you currently taking any medication whether prescribed or otherwise?
Yes () No () If yes please supply details _____
2. Do you suffer from any illness or disease that GH&RA should be aware of?
Yes () No () If yes please supply details _____
3. Do you suffer from any disability that GH&RA should be aware of?
Yes () No () If yes please supply details _____
4. Is there any medical condition not mentioned above which may require treatment, which GH&RA should be aware of?
Yes () No () If yes please supply details _____
5. Are you allergic to any medication?
Yes () No () _____
6. Do you have any other allergies GH&RA should be aware of?
Yes () No () _____
7. Please list your recent history of injuries (over past 2 years).

8. Do you have any recurring injury GH&RA may need to be aware of?
Yes () No () _____
9. Please provide any further details of health of injury status that GH&RA should be aware of

10. Please provide details of your primary medical providers
Name _____ Name of Practice _____
11. Please provide an emergency contact number or next of Kin
Kin _____