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Please complete the form below so that we can make note of any changes that may have occurred since your last visit to the practice

NEW MEDICAL OR SURGICAL PROBLEMS

.....
.....

ANY RECENT HOSPITALISATIONS Y / N – Where?.....

CURRENT MEDICATIONS

.....
.....
.....
.....
.....

ALLERGIES

.....

WHO DO YOU LIVE WITH?.....

SMOKE Y / N / Ex-Smoker – Cigarettes/Day.....

ALCOHOL Y / N – Drinks/Day..... COFFEE Y / N – Cups/Day

HOW MUCH DO YOU EXERCISE?.....

Recent Weight.....

OFFICE USE- CLINICAL RESULTS

BP.....

CREATININE..... eGFR.....

URINE U / C LEUC.....PROTEIN.....BLOOD.....