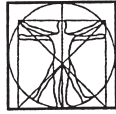


Wetherby Osteopaths



Adam Bridger D.O.
Mary Bridger D.O. PGCertHE
Marise Richfield B.Sc. Ost.
Matthew Derbyshire B Ost.

24 York Road, Wetherby LS22 6SL
Telephone: 01937 584775

Medical History Questionnaire

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Telephone: Mobile: _____

Home: _____

Work: _____

Approx Weight: _____

Height: _____

Age of Child(ren) if any: _____

G.P. and Address: _____

For safe and effective care it is important that we have a complete picture of your health, past and present.

All information is strictly confidential under the Data Protection Act and will be kept within your osteopathy notes.

Please complete the questionnaire overleaf.

Thank you.

Medical History Questionnaire

Please tick YES or NO if you have any PAST or PRESENT history following problems.

	Y	N		Y	N
Heart Problems			Tuberculosis		
High Blood Pressure			Osteoporosis		
Circulatory Problems			Any Fractures		
Breathing Problems			Joint Replacement		
Stroke			Psychological Disorders		
Neurological Conditions			Drug or Alcohol Dependency		
Pins & Needles/Weakness/ Numbness			Depression/Anxiety		
Diabetes			Epilepsy		
Kidney/Bladder Problems			Dizziness/Migraine/Headaches		
Gynae Problems			HIV		
Digestive Problems			Road Traffic Accident		
Hernia			Family Medical History		
Cancer			Any other Medical Conditions not mentioned above		
Any Type Of Arthritis					

Are you or could you be pregnant? Yes No

Have you had any surgery? Yes No

If so, what and when? _____

Are you a smoker? Yes No

Please list all current prescribed or non-prescribed medication _____

We would be interested to know how you heard about us.

Advert G.P. Word of Mouth

Signature _____ Date: _____

If you need any help completing this form please discuss with your Osteopath