

NovoTHOR Medical History Questionnaire

Please ✓ box and underline or write in the box as appropriate.

(More paper is available if required)

Past medical History	Self	Family	Year
Current Medications: please list		N/A	
Have you been told you have to stay out of the sun due to medication you take?			
Are you pregnant or trying to get pregnant ? (If unsure, pregnancy test required)			
Recent (≤ 1 year) x-rays/scans/bloods/treatments (GP/hospital/physio etc.)		N/A	
ALL fractures or joint dislocations e.g. what part & what year?		N/A	
ALL Surgery (including cosmetic procedures) what part & what year?		N/A	
Serious illnesses e.g. Hospital admissions & treatments include 'falls' and 999 ambulance calls.		N/A	
Allergies e.g. GP Medications, Eczema, Psoriasis, Urticaria, Asthma.			
Arthritis/Orthopaedic conditions e.g. Rheumatoid, joint surgery, past back, nerve, joint/muscle pains, osteoporosis.			
Urinary system e.g. Kidney, prostate, bladder problems.			
Dermatological/skin conditions e.g. Eczema, Psoriasis, Acne			
Cardiovascular e.g. High B/P, heart attack, angina, stroke, blood clot.			
Cancer 1) have you ever received a diagnosis of cancer or metastatic disease ?			
Cancer 2) if you have answered 'Yes' to the question above, are you currently receiving treatment or are you on active surveillance?			
Endocrine e.g. Diabetes, under/over active Thyroid.			
Gastrointestinal e.g. bloating, wind, change of bowel habit, heart burn or acid indigestion.			
Neurological conditions e.g. Parkinson's, MS, stroke, epilepsy, depression, dizziness, migraines or headaches.			
Eyes/ears/nose/throat e.g. Glaucoma, Macular Degeneration, regular runny/blocked nose.		N/A	
Respiratory e.g. Asthma, COPD, Emphysema, Bronchitis.		N/A	

Reproductive problems e.g. Prostate, Ovary, Womb, HRT medication.			
Other Organ problems e.g. Liver Sclerosis, Hepatitis.			
Do you have any of the following symptoms? - Visual disturbance, difficulty swallowing, speaking or walking, dizziness, fainting, nausea or numbness. - Severe low back pain +/- sciatica, bladder or bowel dysfunction, numbness or altered sensation in the buttocks or between the legs, sexual dysfunction, or progressive weakness in the legs and/or feet.			
Any other symptoms/problems not covered above?			
Any other information e.g. Trauma – accidents (Car/Bike/horse etc.), scars & body piercings. Height.....Weight.....Stable?.....Smoker?...../day.....Drinks.....units/week			

I am hoping for help with the following symptoms and/or conditions:
