

# Ian Crutchley

## Confidential Medical History

### A: ARE YOU

1. Attending or receiving any treatment from your doctor, hospital, clinic or specialist? YES / NO \_\_\_\_\_
2. Taking any medicines or tablets prescribed by your doctor? YES / NO \_\_\_\_\_
3. Allergic to penicillin or any other drug or substance or foods (e.g. Latex/rubber)? YES / NO \_\_\_\_\_
4. Pregnant or likely to be so? YES / NO \_\_\_\_\_

### B: IN THE PAST HAVE YOU

1. Ever had a heart problem, angina, high or low blood pressure, heart attack or stroke? YES / NO \_\_\_\_\_
2. Ever had rheumatic fever? YES / NO \_\_\_\_\_
3. Ever had jaundice, hepatitis, liver problems or kidney disease? YES / NO \_\_\_\_\_
4. Ever had asthma, bronchitis, hay fever or any serious chest infections? YES / NO \_\_\_\_\_
5. Ever had any blood related diseases? YES / NO \_\_\_\_\_
6. Ever had a bad reaction to a local general anaesthetic? YES / NO \_\_\_\_\_
7. Ever had an operation or received hospital treatment? YES / NO \_\_\_\_\_
8. Ever had a heart valve replaced? YES / NO \_\_\_\_\_
9. Had a blood transfusion from the Blood Transfusion Service? YES / NO \_\_\_\_\_
10. Had growth hormone treatment before the mid 1980s? YES / NO \_\_\_\_\_

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**C: DO YOU**

- |   |          |       |
|---|----------|-------|
| 1. Have a pacemaker?  | YES / NO | _____ |
| 2. Have fainting attacks, giddiness or epilepsy?  | YES / NO | _____ |
| 3. Have diabetes?   | YES / NO | _____ |
| 4. Carry a warning card?  | YES / NO | _____ |
| 5. Bruise easily or have you ever bled excessively?   | YES / NO | _____ |
| 6. Take or have you ever taken steroids?  | YES / NO | _____ |
| 7. Do you smoke? Typically how many per day?  | YES / NO | _____ |
| 8. Have a close relative (parent, sibling, grandparent or grandchild) with Creutzfeldt Jakob Disease?           | YES / NO | _____ |
| 9. Drink alcohol (A unit is half a lager, a single<br>Measure spirit or glass of wine? How many units per week? | YES / NO | _____ |
| 10. Suffer from headaches or migraine?  | YES / NO | _____ |
| 11. Suffer from Arthritis?  | YES / NO | _____ |
| 12. Have any infectious diseases such as HIV, CJD or Hepatitis, if so, what?                                    | YES / NO | _____ |