

Medical History (Cont.)

Please indicate if you have EVER had any of the following:

Any heart complaint or treatment, Including surgeries and conditions Yes No

If yes, please specify

Epilepsy	Yes	No	HIV / other blood borne viruses	Yes	No		
Rheumatic Fever	Yes	No	Stroke	Yes	No		
Infective endocarditis	Yes	No	Nervous system disorder	Yes	No		
High blood pressure	Yes	No	Asthma	Yes	No		
Low blood pressure	Yes	No	Bronchitis / Lung conditions	Yes	No		
Bleeding disorder	Yes	No	Hepatitis	A	B	C	No
Liver disorder	Yes	No	Hyperthyroidism	Yes	No		
Kidney disease	Yes	No	Hypothyroidism	Yes	No		
Sleep Apnoea	Yes	No	Do you have a CPAP?	Yes	No		
Arthritis	Yes	No	Osteoporosis/Bone Disease	Yes	No		
Depression	Yes	No	Gastric Reflux/GORD/GERD	Yes	No		
Anxiety	Yes	No	Ulcer/Digestive conditions	Yes	No		
Cancer	Yes	No	Treatment of Cancer	Yes	No		

If yes, please specify cancer type, location treated and when treatment took place

Joint Replacement Surgery Yes No Which joint and year placed

ASD / ADHD / Aspergers / Sensory Yes No

If yes, please specify

Diabetes Type 1/Type 2/Gestational/Pre Type 1 Type 2 Gestational Pre No

Have you ever taken a bisphosphonate, similar acting drugs or do you have regular injections with your GP (e.g Fosmax, Actenol, Prolia) these are often used to treat osteoporosis or bone cancer Yes No

If yes, please list which type, frequency and last dose given

Please list all current medications (Prescriptions, over the counter or herbal)

Any other medical conditions or details of medical conditions specified? *(please list)* Yes No

Submit Details