

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:
