London Integrated Health

Patient information form

To complete, please:

- type your answers and return by email **or**
- write clearly in CAPITAL letters and bring it with you to your first appointment

1. Your details

✓ as appropriate	**Male**	**Female**	**Other**	**Date form filled out**

Date of birth	**First name**	**Surname**
d d m m y y y y		

Contact details

address						
				Postcode:		
Phone	**Home**		**Mobile**			
Email						
Occupation/s: if retired given previous occupation/s						
Marital status	**Married**	**Single**	**Separated**	**Divorced**	**Widow**	**Remarried**
Children	**Gender**	**Number**	**Ages**			
	Male					
	Female					
Next of kin or Contact person	**Name**		**Relationship to you**			
address						
phone	**Home**		**Mobile**			
e-mail						
his/her occupation						

London Integrated Health

2. Your medical information

Your statistics	**Height**		**Weight**	
Your medical history				
Medical family history				
Your current problems Symptoms/Diagnosis (With dates of onset)				
What treatment have you had?				
Do you have allergies? Please specify				
Current prescribed medicines				

London Integrated Health

Other non-prescribed medicines/supplements			
Who referred you?	**GP**	**Consultant**	**Other** (please specify)
GP details Name			
Practice address			
Phone			
Consultant details Name			
Hospital			
Phone			

3. Your quality of life

Please tick the ONE statement that best describes you during the past week	✓
(0) Fully active and more or less as you were before your illness	
(1) Cannot carry out heavy physical work, but can do anything else	
(2) Up and about more than half the day; can look after yourself, but not well enough to work	
(3) In bed or sitting in a chair for more than half the day; you need some help in looking after yourself	
(4) In bed or a chair all the time and need a lot of looking after	

During the past week,	Please ✓the statement than best applies				
	Not at all	**Occasionally**	**About half the time**	**Most of the time**	**All the time**
Have you had pain?					
Has pain interfered with your daily activities?					
Have you had trouble sleeping?					
Have you lacked appetite?					
Have you felt weak?					
Have you lacked energy?					
Were you limited in your daily activities?					
Did you lack motivation?					
Did you feel depressed?					

London Integrated Health

4. Fill in the following section only if you have been diagnosed with CANCER

Your Cancer Diagnosis	Date	Type	Stage	Site/s

What is your understanding of current prognosis?	

What treatment have you had? Please ✓ all that apply & dates completed	Chemotherapy	Radiotherapy	Surgery	Other(specify)

How did you find out about us?

Any other information you think we should have

Please use extra paper if you need more space.