

MEDICAL INFORMATION & HISTORY

NAME: _____
 TEL NO: _____
 LENGTH: _____

ID NO.: _____
 DATE OF BIRTH (DOB): _____
 WEIGHT: _____

*** THIS FORM MUST BE COMPLETED IN ENGLISH AS THE PROGRAM IS WRITTEN BY OUR DOCTORS IN AMERICA ***
 **** COMPLETED DISCLAIMER MUST BE MAILED TO MEDICAL@JOHS.CO.ZA ****

MEDICAL HISTORY SECTION

For treatment of any conventional medical conditions as listed in the fourteen bodily systems below. Please be thorough and check **each system** either **YES** or **NO**. Provide details of the **MOST** important medical conditions, complaints or illnesses in every section where **YES** is indicated in the space provided after the 14 listed bodily systems. Circle the condition you have at every number. **VERY IMPORTANT:** List only **your own, current** and most urgent medical conditions needing treatment. **DON'T** include family history and only mention your own history for the past 10 years if it relates to your current condition(s). Please also list any currently used acute or chronic medications (if you don't remember the name(s) at least indicate what the medication is used for).

Do you **CURRENTLY** have, or suffer from, any of the following?

1. HEART AND CIRCULATION CONDITIONS YES NO

Example : chest pain (angina), abnormal heartbeat, high blood pressure (hypertension), heart valve replacement, congenital (born with) heart disease, rheumatic fever, high cholesterol, previous heart surgery (stents, pacemaker).

2. MENTAL HEALTH YES NO

Example : mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, sleeping disorders (e.g. narcolepsy), Alzheimer's disease, autism, attention deficit-hyperactivity disorder (ADHD), drug and/or alcohol abuse. Bulimia/anorexia.

3. TUMOURS AND GROWTHS YES NO

Example : cancerous skin lesions (basal cell or squamous cell carcinomas), breast disease (cysts/fibromas/infections), breast lumps, non-cancerous or cancerous tumours, malignancies or metastatic cancer (as medically diagnosed).

4. METABOLIC OR ENDOCRINE CONDITIONS YES NO

Example : diabetes I or II (specify which type!), thyroid disease, pituitary gland, osteoporosis, growth deficiency, metabolic disorders, congenital defects, hormonal abnormalities.

5. GYNAECOLOGICAL & OBSTETRIC CONDITIONS YES NO

Example : cervix conditions (CIN or infections), abnormal/painful/heavy menstrual bleeding, endometriosis, polycystic ovarian syndrome, infections/discharge, ovarian pathology (cysts, absent after hysterectomy), uterus abnormalities.

6. ABDOMINAL CONDITIONS YES NO

Example : hepatitis, liver cirrhosis, alcoholic liver disease, liver failure, pancreatitis, pancreas disorders (insulin abnormalities), gall stones, heartburn and reflux, hernias (diaphragm/umbilical/groin), ulcers, inflammatory bowel diseases (Crohn's disease, ulcerative colitis).

7. BRAIN AND NERVE CONDITIONS YES NO

Example : stroke, brain bleeding (aneurism), epilepsy, motor neuron disease, myasthenia gravis, migraine and headaches, Parkinson's, disease, spinal cord injury, paraplegia (lameness), blackouts (transient ischemic attacks). Speech abnormalities.

8. BLOOD AND CIRCULATION CONDITIONS YES NO

Example : deep vein thrombosis, anaemia, ITP (platelet deficiency), blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders, varicose veins, spider veins (telangiectasia).

9. BREATHING AND RESPIRATORY CONDITIONS YES NO

Example : asthma, chronic obstructive pulmonary disease (emphysema, chronic bronchitis, bronchiectasis), interstitial lung diseases, tuberculosis and other chronic infections, sarcoidosis, pneumonia

10. EYE CONDITIONS YES NO

Example : cataract (only if currently present), keratoconus, corneal ulcer, uveitis, glaucoma, squint, any abnormality of eyelids, retinopathy, macular degeneration, cornea transplant, eye surgery, blindness (partial or full), retinal detachment.

11. MUSCULOSKELETAL (BACK, BONE & MUSCLE) YES NO

Example : ongoing back pain, scleroderma, dermatomyositis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal column/vertebral conditions, gout, fractures (only at present), physical disability.

12. EAR, NOSE, THROAT (ENT) & DENTISTRY CONDITIONS YES NO

Example : chronic otitis media (middle ear infection), chronic otitis externa, hearing problems (**specify**), hearing aid, cochlear implant, tonsillitis, adenoiditis, deafness, nasal surgery, dental treatment or dental surgery (specify).

13. KIDNEY OR URINARY CONDITIONS YES NO

Example : kidney and/or renal failure, kidney stones, recurrent urinary infections, polycystic kidney disease, urinary incontinence, bladder infections, other bladder or kidney problems.

14. MALE UROGENITAL CONDITIONS YES NO

Example : prostate disorders (abnormal PSA, prostatitis), urogenital defects, varicocele, tumours, undescended testes, phimosis, urinary incontinence, erectile dysfunction/impotence.

15. IS ONE OF YOUR SHOULDERS LOWER THAN THE OTHER (DROOPING SHOULDER) YES NO

16. DO YOU HAVE ABDOMINAL / BELLY FAT? NO MODERATE
 EXCESSIVE EXTREME

