My Choices **3.1 MY MEDICAL HISTORY** DATE:

baptist care sa

INSTRUCTIONS

TO COMPLETE 3.1

Complete your medical history using the A-Z index 3 as a prompt.
Follow the instructions on the worksheet which are written in italics.

My local doctor (GP) is:

Medical Centre/Clinic address:

Phone No.

Email:

MY FAMILY MEDICAL HISTORY

(Document any serious conditions in your family's medical history, e.g. asthma, cancer, diabetes, endocrine conditions, epilepsy, heart conditions, high blood pressure, mental health conditions, neurological conditions, renal/kidney conditions, etc.)

MY PRIMARY (MAIN) DIAGNOSIS

My primary condition/s are diagnosed as: