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**Section B: Medical Express Medical Questions; Your Health**

Everyone seeing the doctor for Health MOT for Diagnostic Consultation please fill this questionnaire.

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

To be filled by patient.

GENERAL MEDICAL QUESTIONS:

1. General Health.

a) Do you have or had in the past five years any of the following medical conditions: tick only if you had (or have). Leave it blank if none.

Asthma, allergic disorder, anaphylaxis, tuberculosis , pneumonia ,

pleurisy , bronchitis , rheumatic fever , heart attack (MI) , angina

heart problems such as atrial fibrillation  , palpitation , raised blood pressure,

gastric or duodenal ulcer , recurrent indigestion , gallstone, jaundice,

colitis , piles , varicose veins ,

kidney or urinary trouble including kidney stones ,blood in urine , hernia , diabetes , gout , thyroid problem , arthritis / rheumatism , back trouble ,

gynaecological problem , prostate problems , epilepsy ,

poliomyelitis or other neurological disorder , anxiety or depression ,

psychiatric or mental health treatment , sleep disorder , snoring ,

ear, nose or throat disorder , eye disorder, skin disorder , malaria ,

hepatitis, anaemia , operations , serious accidents , serious head injury

If none, tick here for confirmation

If you tick “yes” to any of the questions, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Deformities

a) Do you have any congenital deformities or abnormalities; or any growth deficit?

No Yes

b) Do you have any deformities or malformations from birth accident, operation or other? (Chest, spinal column, limbs etc.) No  Yes  If yes to any of these questions, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Do you have any problems on vein or circulation system causing oedema, trophic changes? : No  Yes 

3. Disabilities-including learning difficulties, ADHD and autism.

1) Do you have any disabilities/disabling medical conditions? No  Yes  if yes, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Do you have any gait (walking) problems? No  Yes 

Do you use any walking aid? No  Yes 

If yes, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any reports, please attach.

3) If you ever had blood in the stools, it is important to test for bowel cancer.

Confirm that you do not require bowel cancer test 

if you are over 50 and wish to have bowel cancer test (FOB test), discuss with the

Nurse. Add £25 

4) If you ever had blood in urine or if the urine test is positive, it is important to test for bladder cancer. Please confirm that you have not observed blood in urine by ticking here .

If you wish to send urine for microscopy and culture to laboratory, discuss the nurse. Add £25 to MSU; or £95 for urine cytology test to look for cancer cells.

5) Do you have any general or specific learning difficulties including dyslexia or giftedness? No  Yes  If yes, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Do you have ADHD or think you may have ADHD? No  Yes 

7) Do you ever have (or had) Autism or Asperger’s syndrome? No  Yes 

8) Do you have think you may autistic tendency or Asperger’s syndrome?

No  Yes 

Do you wish to have detailed assessment for learning difficulties, giftedness autism or Asperger’s? No  Yes . If yes, please discuss with the nurse.

If you have ticked yes to any of the questions, please give details separately and bring any report or assessment you had before.

4. Allergy.

Do you have any allergy or allergy related medical condition? No  Yes 

(Note: We have a clinic where we do investigation and treatment for allergic condition. If you wish to see a doctor with special interest in allergies, please tick here .)

If you wish to have Skin Prick Test for allergy detection, please tick here . You pay £39 instead of £200 to have this done by our allergy nurse specialist.

5. Lumps and Bumps; and Moles or Scars etc.

If you have any lumps or bumps , moles  or scars which you would like to

remove, we have a plastic surgeon that can see and advice.

Please tick here  if you like to have an opinion regarding removal. Please discuss with the nurse or doctor.

6. Vaccinations

a) Do you know if you have had all the childhood vaccines? No  Yes 

If no, do you like to know the antibody levels for measles , mumps , rubella

to make sure you are protected.

b) Are you protected for meningitis B – have you ever had meningococcal vaccine?

No  Yes . If you travel to Asia or Africa, or live in crowded community like a

university or hostel, generally it is advised to have meningococcal vaccine.

c) Hepatitis A and B infections. If you travel to Asia or Africa it is important that you are covered for Hepatitis A and B. now, Hepatitis B vaccine is given to every baby in many countries but many years ago it was not so. It is unlikely that you are protected unless we immunized by vaccination. We can do blood test to see if you have protective antibodies. Tick here if you wish to have this done. If you like to have Hepatitis prevention by vaccination, please tick here .the nurse will discuss the fees involved in tests and vaccination.

d) HIV. It is widely known that many people are walking in London without knowing that they carry HIV virus (infection).

Do you like to have your blood HIV test done today?

No  Yes . You pay £50 instead of £85.

Note: We do the state-of-art Duo HIV blood test; not salivary test, not finger prick test. Our test is very accurate and reliable. We do HIV1 and HIV2 antibodies and also p24 antigen test to get a most dependable result.

e) HPV vaccine. Girls 13+ are given HPV vaccine to prevent cervical cancer and genital warts, but boys are not. In many countries boys and girls receive HPV vaccine. If you like to have HPV vaccine from our clinic, tick here. Speak to the nurse and doctor. Boys receive it to prevent genital warts. Many international students request HPV vaccine and we are good in promoting these preventing measures.

f) We give flu vaccine. Ask the nurse if you are interested.

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see section C (what the nurse will do) and section D (the clinical examination the doctor will do) while waiting. Plan your MOT and get the very best to meet your needs and expectations. We will help you; but for add on services and tests a fee is payable. We would like you to see our consultants at Medical Express Clinic if you happen to have a problem which will need consultant opinion. Consultant(s) will come and see you here – we have a very short waiting time to see specialist. If you have insurance we can discuss with your insurance company and they may cover the cost.