Health Screening Form

Patient section		
Patient details		
First name: Tom		Last name: Davidson
Date of birth: September 14, 1965		Sex: Male
Address: 123 Apple Road		
City: Rock City	State: Texas	Zip code: 34598
Email address: Tom1965@icloud.com		Phone number: 2439873453
Emergency contact name: Jane Davidson		
Relationship with patient: Wife		
Emergency contact information: 1234560987		
Office section		
General health		
☑ Required		
Instructions: Check the symptoms you recently had or currently have.		
☐ Fever (37.5°C or above) ☐ Cough ☐ Chills	☐ Shortness of breath ☑ Sore throat ☑ Headache	☐ Congestion or runny nose ☐ Nausea or vomiting ☐ Diarrhea ☐ Other:
Chronic conditions/illnesses		
☐ Required		
Instructions: Check the conditions that you have now or have had in the past.		
☑ Heart problems ☑ Angina ☑ High blood pressure	☐ Asthma/bronchitis ☐ Epilepsy ☑ Arthritis	☑ High cholesterol ☑ Diabetes ☐ Chronic kidney disease ☐ Other:

Infectious diseases

☐ Required

Instructions: Check the conditions that you have now or have had in the past.

☐ Hepatitis A (HAV)	☐ HIV	☐ Gonorrhea
☐ Hepatitis B (HBV)	☐ Herpes	☐ Chlamydia
☐ Hepatitis C (HCV)	☐ HPV or anal/genital warts	☐ Syphilis
☐ Viral hepatitis	☐ Tuberculosis	☐ Other:

Other information

☑ Required

Please list down any other relevant information you have regarding your family or medical history including allergies, past injuries, past surgeries, and chronic illnesses.

Hip replacement surgery 5 years ago.

Please list down any medications and/or supplements you've taken or are currently taking. Include the dosage, frequency, and reactions/side effects, if any.

None.

Please describe your lifestyle (e.g. smoking habits, alcohol consumption, physical fitness, nutrition, etc.).

Doesn't smoke or drink alcohol. Eats relatively healthy and does cardio three times a week.

I authorize my healthcare provider to release the requested information to a third party of interest. I confirm that the information above is true to the best of my knowledge.

Patient's signature: **Tom Davidson**

Date: October 21, 2024

Healthcare provider section		
Screening date: October 21, 2024		
Clinician name: Will Montgomerie		
Contact information: 5432653095		
Patient information		
Height: 185cm	Weight: 90kg	Waist: 95cm
Heart rate: 76bmp	Blood pressure: 156/82	HbA1c: 7%
HDL: 80mg/dl	LDL: 147mg/dl	Non-HDL:

Blood glucose (fasting): 7.8 mmol/L	Blood glucose (non-fasting): 12 mmol/L
Total cholesterol: 235 mg/dl	TAG/Triacylglycerol/Triglycerides: 222 mg/dl
TG or TAG/HDL ratio: 2.8	Pregnant: ☐ Yes ☑ No

Notes or additional comments:

Poorly managed diabetes, blood pressure, and lipid profile.
Recommend check up with GP to form treatment plan.

Clinician signature: **Will Montgomerie**