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## TESTS

Date:

Name:

Please have these Tests done: *(request your GP to order the tests noted below and copy them to me)*

FBE, LFT, TSH, U&Es, ECG, Random Urine Drug Screen (Need not be supervised)

*(Please ask your GP to complete the information requested)*

Physical:

Pulse:

Blood Pressure:

CVS – any abnormalities:

Any other relevant Physical Health Issues: