TESTS AND MEDICAL INFORMATION

NAME:

Please ask your GP to complete the following information:

DATE OF LAST EXAM (DD/MM/YYYY): / /

Height: cm Weight: kg

Waist Circumference: cm BMI:

Pulse: bpm Blood Pressure: / mm HG

CVS – Any abnormalities:

Any other health issues:

Please request your GP to order the tests noted below and copy them to Dr Perera:

(If the following tests have been performed within the last 3 months, please have them sent to Dr Perera, and they do not need to be repeated.)

- FBE: COMPLETED (Please tick): YES ☐ NO ☐ DATE OF TEST: / /
- LFT: COMPLETED (Please tick): YES ☐ NO ☐ DATE OF TEST: / /
- TSH: COMPLETED (Please tick): YES ☐ NO ☐ DATE OF TEST: / /
- U&Es: COMPLETED (Please tick): YES ☐ NO ☐ DATE OF TEST: / /
- Random Urine Drug Screen (Need not be supervised):
  COMPLETED (Please tick): YES ☐ NO ☐ DATE OF TEST: / /
- Any other relevant tests/scans – copies:

  NAME OF TEST: DATE OF TEST: / /

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