

Tests and Medical Information

Name:

Date: / /

Please complete this form and any tests with your GP prior to your visit with Dr Perera.

Tests

Please ask your GP to order the tests noted below and any other relevant tests. When the tests are ordered, if Dr Perera is named as a copy Doctor on the request form, he will receive copies.

If the following tests have been performed within the last 3 months of your scheduled appointment date, please have the results sent to Dr Perera and the tests do not need to be repeated.

FBE, LFT, TSH, U&Es, Random UDS (*Need not be supervised*) **ECG** (*and any other relevant investigations*)

Additional Tests (if requested)

If your GP has overlooked adding Dr Perera as a copy Doctor, you could request the technician at the time of testing to add 'Dr Mahendra Perera' as a copy Doctor.

Physical

Please ask your GP to complete the following information.

Height (M):

Weight (Kg):

BMI:

Waist Circumference:

Hip Circumference:

Hip / Waist Ratio:

Pulse:

Blood Pressure:

CVS – Any abnormalities:

Any other health issues:

Please use a separate sheet if more space is required.