

# Medical history form

## A. Your personal details

Please complete the following details for yourself as the main applicant/member.

Title (Mr, Mrs, Miss, Ms, other title) Tony Santos

First name(s) (please include all forenames in full) Tony Santos, Claire Benson, Noa Santos Benson, Peter Santos Benson

Surname: Santos

Address

Postcode: 1800

Sex at birth  Male  Female

Date of birth

Membership number 12009854422

## B. Additional member details

Please give details of additional members you wish to be covered.

	Title, surname, first name(s)	Relationship to you (partner, dependant)	Date of birth			Sex at birth	
			Day	Month	Year	Male	Female
1	Noa Santos Benson		21 <sup>st</sup>	June	in 2015	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
2	Peter Santos Benson		14 <sup>th</sup>	October	In 2017	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
3						<input type="checkbox"/> Male	<input type="checkbox"/> Female
4						<input type="checkbox"/> Male	<input type="checkbox"/> Female

Need to add someone else? Please give us their name(s) and the full details for this section and sections C and D on a separate sheet.

## Your medical history

This section asks for health and medical details, past and present, about yourself and for each person named in section B. Please tick Yes or No to every question for each person.

For any of the medical conditions or symptoms listed in questions 1 to please indicate if:

You or anyone to be covered on your membership has seen a GP or other healthcare professional within the last two years

Name Main applicant	Name Dependant member 2		Name Dependant member 3		Name Dependant member 4		Name Dependant member 5		
	Yes	No	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

You or anyone to be covered on your membership has been admitted to hospital, had an operation OR any investigations (for example scan, X-ray, blood test, biopsy) within the last seven years.

- Heart or cardiovascular disorders  
*eg coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers*
- Glandular disorders  
*eg diabetes, thyroid, hormonal problems*

3. Breathing or respiratory disorders  
*asthma, bronchitis, shortness of breath, chest infections, colds, flu*
4. Ears, nose, throat, or eye problems  
*hay fever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections*

Tony Santos is a middle-aged man, he's 35 years old and lives with his wife Claire and children, Noah and Peter in Palms Avenue, 21<sup>st</sup>. Post code 1800, in Ohio, USA. He is from Tlaxcala, Mexico and was born in October 21<sup>st</sup>. in 1985.

Claire Benson was born in February 2<sup>nd</sup>. In 1990, Noah Santos Benson was born in June 21<sup>st</sup>. in 2015 and Peter was born in October 14<sup>th</sup>. In 2017.

Tony needs to be attended because he had an accident when he was in his job, he is admitted to the hospital with his Membership number 120098544722. He admits don't have seen another GP or other health care professional with in the last two years and his wife suffers by hormonal problems.