# **Medical history form**

### A. Your personal details

Please	complete the	following	details for	vourself as	the main	applicant	member.
гісазе	complete the	TOHOWING	uctails ior	yoursen as	the main	application	member.

Mrs Claire Benson			
First name(s) Claire			
Surname Benson			
Address	264 Neponset alley Pkwy, Hyde Park, Massachusetts, EE. UU		
		Postcode 02136	
Sex at birth Male	Female	Date of birth	D D M M Y Y Y Y
Membership number .	22		2 1 1 0 1 9 5 5

## **B. Additional member details**

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

	Title, surname, first name(s)	Relationship to you e(s) (partner, dependant) Da		ate of birt Month	Sex at birth				
1	Martin Benson	husband	February	v 2 <sup>nd</sup> . In 19	952	X	Male		Female
2							Male		Female
3							Male		Female
4							Male		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. Pleasetick Yes or Noto every question for each person.

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

<sup>o</sup> You or anyone to be covered on your membership has seen a GP or other health care professional with in the last two years

	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			Name Dependant member 2		Name Dependant member 3		Name Dependant member 4		Name Dependant member 5	
	seven years.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1.	Heart or cardiovasculardisorders eg coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers	X									
2.	Glandular disorders eg diabetes, thyroid, hormonal problems				*						
3.	Breathing or respiratory disorders eg asthma, bronchitis, shortness of breath, chest infections, colds, flu						X				
4.	Ears, nose, throat, or eye problems eg hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections	*									

## **Claire and Martin Benson Sumary**

Claire Benson is old woman who lives in Boston, in her little home on 264 Neponset Valley Pkwy, Hyde Park, Massachusetts, USA. She's 65 years old and lives with her husband Martin Benson. He is from Topeka, Kansas, USA and was born in October 21<sup>st</sup>. in 1955.

Martin Benson was born in February 2<sup>nd</sup>. In 1952, in Boston City. Is an hypertense man since 2010.

Claire needs to be attended because she had a heart attack when she was cooking dinner at home, due to heart problems that she has been suffering the last 6 years. She is admitted to the hospital with his Membership number 120098544722. She exposed don't have seen another GP or other health care professional with in the last two years.