

Patient Information Sheet.



Name: _____

Date of Birth _____ ID: _____

Address _____

Medical aid name and Number: _____

email: _____ Cell no: _____

Occupation: _____ Ref Dr: _____

Clinical symptoms & concerns: _____

Current Treatments: _____

Current Medications: _____

Covid-19 Vaccination: Dates and which arm: _____

Surgical Hist: _____

Dental Hist: _____

Digestive Hist: _____

Family Hist: _____

Diagnosis: _____

Skin Lesions and Physical abnormalities: _____

History of Previous Injuries /Fractures: _____

Ob/Gyn Hist: _____

Mammogram/Ultrasound - Dates and findings: _____

Today's Date: _____