BDORT- Electromedicine Clinic & Research Lab
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Patient Medical Information Form

STRICTLY PRIVATE AND CONFIDENTIAL

*** Please fill in as much as you can as it is valuable to your treatment. Use the reverse side if you need to.*

Name:		
Address including post code:		
Telephone: home:	**work:**	**mobile:**
Email: *(strictly for necessary clinic correspondence - please write clearly)*		
Date of Birth:	**Occupation:**	**Wheelchair/mobility needs? yes ☐ no ☐**
Main complaint(s) (*including diagnosis/disease name given by orthodox medicine practitioner*):		
Other complaints/symptoms (*even if they seem completely unrelated):*		
All findings of any scans, X-rays, MRI, etc (*even if they seem completely unrelated):*		
Current medication(s):		
Previous (long-term) medication(s):		
History of surgical operations/accidents *please give (approximate) year*:		
History of major illnesses *please give (approximate) year*:		
Metal implant(s)? yes ☐ no ☐		**Heart 'pacemaker'? yes ☐ no ☐**
(History of) high or low blood pressure? yes ☐ no ☐		
(History of) heart related condition? yes ☐ no ☐		
(History of) respiratory condition including asthma? yes ☐ no ☐		
(History of) diabetic condition? yes ☐ no ☐		**(Past** or **present) tooth coloured dental fillings?** **yes ☐ no ☐** *please circle 'past' and/or 'present'*
(History of) any immune disorder? yes ☐ no ☐		**(Past** or **present) amalgam dental fillings?** **yes ☐ no ☐** *please circle 'past' and/or 'present'* **Dental plate (metallic** or **acrylic)?** **yes ☐ no ☐** *please circle 'metal' and/or 'acrylic'*
(History of or family history of) viral, bacterial or infectious condition(s)? yes ☐ no ☐		
Back (related) or tailbone injury(s)? yes ☐ no ☐		
Loss of feeling anywhere on the body, easy bruising, elevated skin sensitivity to heat, or slow healing of wounds? yes ☐ no ☐		
Are you seeing another orthodox/alternative medical/healthcare professional? Yes ☐ no ☐ *Please give name(s)*:		
Are you pregnant or think you might be pregnant? Yes ☐ no ☐		
Any additional notes? *(please use reverse side of this page and/or attach separate sheets if necessary)*		