**MEDICAL PROFILE**

Name.......................................................................................................Phone....................................

Address....................................................................................................Date of Birth............................

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Please read the following questions and answer appropriately:

- Are you currently taking any medications, prescribed or otherwise? Yes( ) No( )

  If yes, please supply details.................................................................................................

- Do you suffer from any illness or condition that the QWCHC should be aware of?

  Yes ( ) No ( ) If yes, please supply details....................................................................

- Do you suffer from any disability that the QWCHC should be aware of?

  Yes ( ) No ( ) If yes, please supply details.......................................................................

- Are you allergic to any medication? Yes ( ) No ( )

  If yes, please supply details......................................................................................................

- Do you have any other types of allergies QWCHC should be aware of? Yes ( ) No ( )

  If yes, please supply details........................................................

- Please list any recent history of injury over last two years.........................................................

- Do you have any recurring injury QWCHC should be aware of? Yes ( ) No ( )

  If yes, please supply details......................................................................................................

- Please supply any further details of health or injury status that QWCHC should be aware of

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- Please provide the name of your primary medical providers

  Name........................................................Name of Practice...................................................

- Please provide an emergency contact number or next of Kin's phone number........................

Signature:..........................................................