



Medical Declaration

Full Name.....

Date of Birth.....

Contact Address:

Contact Telephone Number.....

This health declaration must be completed on your first consultation with H&B Medical and can be simply confirmed if no changes occur on subsequent visits.

Do you suffer or have you suffered from (please tick all that apply):

- Allergic reactions/Anaphylaxis
- Heart Disease
- Bleeding disorders/easy bruising
- Neurological disorders especially MND/Myaesthenia Gravis
- Mental health disorders such as body dysmorphia/anxiety/depression

Are you currently pregnant?

- Yes

Are you currently taking any medication? If so please list below:

Signed.....

Dated.....

H&B Medical Suite 1, Second Floor, International House, Dover Place, Ashford TN23 1HU

T: 01233 226 262 E: office@hbmedical.co.uk www.hbmedical.co.uk

COMPANY REGISTRATION: 10510037. VAT REGISTRATION: 275500019.

REGISTERED OFFICE: UNIT 7, PICKHILL BUSINESS CENTRE, SMALLHYTHE ROAD, TENTERDEN TN30 7LZ