

MEDICAL HISTORY AND GENERAL HEALTH QUESTIONNAIRE



A Member of AfroCentric Group

medscheme
ESWATINI



To be completed by the doctor of each applicant in respect of himself/herself and all his/her dependants.
Please complete all the required information including the type of illness/condition diagnosed.

1. Any disorder / dysfunction of the heart (e.g. heart attack, rheumatic fever, heart murmur, coronary heart disease, chest pain, shortness of breath or palpitations)?

1.1 High blood pressure or disorder / dysfunction of the blood vessels (e.g. raised cholesterol, stroke or circulatory disorder / dysfunction)?

1.2 Any respiratory or lung disorder / dysfunction (e.g. asthma, bronchitis, persistent cough, tuberculosis)?

1.3 Any disorder dysfunction of the digestive system, gall bladder or liver (e.g. actual suspected gastric or duodenal ulcer, recurrent indigestion, hiatus hernia, hepatitis B or persistent diarrhoea)?

1.4 Any disorder / dysfunction of the kidney, bladder or reproductive organs (e.g. albumin in urine, stones, prostatitis, pancreatitis or venereal disease) or gynecological symptoms or conditions (e.g. problems with female organs)?

1.5 Any nervous or mental disorder / dysfunction (e.g. epilepsy, migraine, blackout, loss of consciousness, paralysis, anxiety disorder / dysfunction or depression)?

1.6 Any ear, nose or throat disorder / dysfunction (e.g. ear discharge, defective vision, recurrent tonsillitis, swollen glands, persistent mouth sores, cataracts or any hereditary eye disease, functional nose impairment, chronic sinusitis)?

1.7 Any disorder / dysfunction of muscles, bones, joints, limbs, spine (e.g. rheumatism, arthritis, gout, slipped disc or other back trouble)?

1.8 Diabetes, sugar in blood or urine, thyroid or other glandular or blood disorder / dysfunction?

1.9 Any lumps, growths (benign or malignant), types of cancers (including Hodgkins and leukaemia, skin cancers or skin disorder / dysfunction)?

1.10 Any tropical diseases (e.g. bilharzia, malaria, cholera)?

1.11 Any other condition, illness, disease, disorder / dysfunction, disability or accident which required medical, radiological, surgical, pathological or dental investigations during the past 12 months?

2. Have/Are you or any of your dependants receiving any surgical, medical, major dental (including implants) chiropractic, optical or gynecological treatment, procedures, advice or tests?

3. Have/Are you or any of your dependants any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause?

4. Do you or any of your dependants currently use medication on a daily basis?

5. Has your weight or the weight of any of your dependants changed by more than 5kg over the past 12 months?

6. Do you or any of your dependants experience any other ailment or disease at present?

7. Are there, in respect of you or your dependants, any other circumstances not mentioned elsewhere in this declaration / questionnaire relating to past or present diseases, accidents, operations or other conditions (including pregnancy) for which advice has been sought or treatment has been received or recommended during the past 12 months?

8. Are you or any of your dependants expecting to undergo any medical procedure, operation, confinement or receive any major dental treatment during the next 12 months?

Member's signature

Examining doctor (stamp)

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Date

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