

# Medical certificate

(To be completed by your doctor)

If a Comprehensive Medical Assessment (CMA) has been completed recently please attach a copy

**Patients name:** \_\_\_\_\_ **Date of birth:**        /        /

**Current address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current diagnosis:**  
(Please attach relevant specialist reports if available)

\_\_\_\_\_

\_\_\_\_\_

**Dementia diagnosis:**  Yes  No        **Type of dementia:** \_\_\_\_\_

**Date of diagnosis:** (Please attach relevant reports if available)        /        /

**Past illnesses/diagnoses:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other medical history**

Never smoked     Smoked    Age started: \_\_\_\_Age stopped: \_\_\_\_Current cigarettes/day: \_\_\_\_\_

Alcohol drinks/week: \_\_\_\_\_

**Other issues impacting on health:**

\_\_\_\_\_

\_\_\_\_\_

**Date of last flu vaccination:**        /        /

**Date of last tetanus:**        /        /

**Date of last pneumovax:**        /        /

**Past operations/surgical procedures:** \_\_\_\_\_

\_\_\_\_\_

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**Allergies (eg drugs, food, other):** please specify if mild, moderate or severe

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**Current medications:**

(Please include all oral, topical, trans-dermal, injected and complementary medications)

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**General physical condition**

**Weight:**

**Height:**

**Pulse:**

**Urinalysis:**

**BP:**

**Diet:** (Specify any special dietary requirements)

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**Skin**

**Condition of skin:**  Good  Poor

**Description of skin conditions/ rashes:**

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**Wounds/bruises:**  Yes  No

**Current treatment:**

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## Sleep

**Rest & sleep patterns:**  Uninterrupted  Interrupted (please give detail):

Sleeping medication (occasional or regular)

Average hours sleep/night:

## Pain

**Painful areas or movements:** (please describe)

**Current pain management strategies:**

## Family history

**Maternal age of death:**

**Paternal age of death:**

**Other comments:**

## Doctor's details

**Name of Doctor (please print):**

**Signature of Doctor:**

**Date:**        /        /

**Address:**

**Postcode:**

**Phone:**