

# Temporary Resident Medical Questionnaire



**TYWYN  
HEALTH CENTRE**

Tywyn Health Centre,  
Tywyn, Gwynedd, LL36 9HL

NAME: ..... DATE OF BIRTH: .....

NHS NUMBER: .....

HOME TELEPHONE NO: .....

MOBILE PHONE: .....

## MEDICAL CONDITIONS

Please list below your current medical conditions:

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- .....

**Please turn over and complete page 2**



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**ALLERGIES**

Do you have any know allergies? If so, please list these below:

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**MEDICATION**

Are you on any repeat medication? If so, please list these below:

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**Any other comments:**

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The information you provide may help the clinician treat your medical complaint. Please ensure this information is accurate as possible.