



Clinic name

Address · Phone · Licence no.

Patient details and medical history

Please fill this in before your first visit. What you write stays in your file at the clinic.

Office use: file no. _____ Date _____

About you

Full name _____ Date of birth _____
ID or residence no. _____ Nationality _____
Mobile _____ WhatsApp, if different _____
Email _____ City and district _____

Sex ☐ Male ☐ Female

Preferred language ☐ Arabic ☐ English ☐ Other

Emergency contact

Name _____ Relationship _____ Mobile _____

Insurance

Do you have insurance? ☐ Yes ☐ No, I will pay myself

Insurance company _____ Policy no. _____ Member no. _____
Class _____ Expiry date _____ Employer _____

How did you hear about us?

- | | | |
|--|--|---|
| ☐ Google search | ☐ Google Maps | ☐ Instagram |
| ☐ Snapchat | ☐ TikTok | ☐ Friend or family |
| ☐ Doctor's referral | ☐ Insurance company | ☐ Other: |

Why you are here today

What is troubling you? _____

Since when? _____ Have you seen a doctor about it? _____

Medical history

Tick everything that applies to you.

- | | | |
|---|--|--|
| ☐ Diabetes | ☐ High blood pressure | ☐ Heart disease |
| ☐ Asthma or lung disease | ☐ Thyroid | ☐ Kidney disease |
| ☐ Liver disease | ☐ Epilepsy or seizures | ☐ Bleeding disorder |
| ☐ Cancer | ☐ Mental health condition | ☐ Other: |

Full name _____ File no. _____

Surgery

Previous surgery	Year	Previous surgery	Year

Medicines you take now

Medicine	Dose	How often	Since when

Allergies

Type	What you are allergic to	What happens
Medicines		
Food		
Latex		
Other		

Family history

- ☐ Diabetes ☐ Blood pressure ☐ Heart disease
☐ Cancer ☐ Inherited conditions ☐ Other:

Lifestyle

Smoking (including shisha and vaping) ☐ Never ☐ Former ☐ Current

Alcohol ☐ No ☐ Occasionally ☐ Regularly

For women: are you pregnant? ☐ Yes ☐ No ☐ Not sure

Are you breastfeeding? ☐ Yes ☐ No

Contact and privacy

- ☐ I agree the clinic may contact me on WhatsApp (appointments, reminders, results).
☐ I agree the clinic may contact me by SMS.

Your details are used only for your care, your file, billing and insurance, and are not shared beyond that without your consent or where the law requires it.

The information above is correct to the best of my knowledge, and I will tell the clinic if it changes.

Patient or guardian signature

Relationship, if guardian

Date

In Medicolize this document lives on the patient file: medicolize.com