| | |
|---|---|
| Your Name | test |
| Date of Birth | 03-04-2007 |
| Phone | 1234 |
| Your Email | test@ad.com |
| Location | tvm |
| Have you ever been diagnosed by any Healthcare professional with Hay Fever? | NO |
| Please specify which of the following medication would you prefer to get prescription for? | NO, I AM NOT SURE |
| For how long you have been diagnosed with Hey Fever? | LESS THAN 1 MONTH |
| Please specify the symptoms of Hey Fever you are suffering with? | RUNNY NOSE |
| For how long you are having symptoms of Hey Fever this time? | LESS THAN ONE WEEK |
| Have you discussed your symptoms with your GP before? | Yes |
| Are you aware that antihistamines sometimes can cause drowsiness which can impair your ability to drive? | Yes |
| Do you have past medical history of asthma? | Yes |
| Are you allergic to any medications or any other substance? | No |
| Are you pregnant or breastfeeding currently? and are you planning to become pregnant in next few months? | Yes |
| Are you taking any regular medication? or have you taken any prescripton, non prescription, illegal drugs or herbal medication in last 2 months? | No |
| Do you have any past medical history or past surgical history that you want to mentioned to our doctor? | No |
| Please specify you gender? | Male |
| Have you had your blood pressure measured recently, what was this | I CANNOT REMEMBER |

| | |
|---|---|
| reading? | |
| Are you a smoker? | No , I Do Not Smoke |
| Do you drink alcohol? please specify weekly consumption? | NO DO NOT DRINK ALCOHOL |
| Please specify the name of preferred pharmacy where you want to collect your prescription/medications? | f |
| I understand the side-effects and effectiveness of the above-mentioned treatment and I am giving consent to continue with my request. | I understand the side-effects and effectiveness of the above-mentioned treatment and I am giving consent to continue with my request. |
| I am confirming the treatment prescribed above will be for my personal use | I am confirming the treatment prescribed above will be for my personal use |