Occupational Health Dept, Stepping Hill Hospital, Poplar Grove, Hazel Grove, Stockport SK2 7JE – 0161-419-5491

Dr Appointment

Can you please answer the questions below. These will greatly assist the doctor in carrying out a detailed medical assessment. Please leave any sections that do not apply blank.

Name _____ Title _____ D.O.B _____ Tel No:_____

Job title_____ Hours worked/week _____ No of days/week _____

Please tick below the activities and exposures that best describe your work (can tick more than one)

Physically Demanding	☐	Food Handling	☐	Driving	☐
Mentally Demanding	☐	Noisy Environment	☐	Contact with Public	☐
Regular VDU work	☐	Vibrating Equipment	☐	Night/Shift Work	☐
Clerical Work	☐	Hazardous Substances	☐	Client Moving and Handling	☐

Name & Address of General Practitioner _____

_____

Name of Specialist & Hospital_____

Describe the nature of your illness or diagnosis, if known _____

_____

Please provide details of investigations/tests you have had or awaiting. For example blood tests, X-Rays, Scans etc.

1. _____ 2. _____

3. _____ 4. _____

What were the results, if known _____

Please write down the name/s of medication (tablets) you are currently taking _____

_____

Please give details of any other treatment e.g. physiotherapy _____

_____

Have you recovered? Yes [ ] No [ ]

If no, please tick one of the following: Improving [ ] Same [ ] Worse [ ]

Please provide information on any other medical condition/s that you either presently suffer from or have suffered from in the past _____

_____

Signed _____ Date _____

Please bring this completed form to the appointment with you.