

Equilibrium Limited

Rosebank Building, 3rd Floor 12 Bermudiana Road Hamilton HM 11 Bermuda Tel: (441) 400 7001 Fax: (441) 400 7001 info@equilibrium.bm www.equilibrium.bm

Client Information

CURRENT MEDICATIONS:

PERSONAL INFORMATION:				
FULL NAME:		D.O.B.:		
ADDRESS:				
MATITUC ADDDECC				
MAILING ADDRESS:				
TELEPHONE:	OK to leave message?			
(H)	Yes / No			
(W)	Yes / No			
(C)	Yes / No			
EMAIL:				
MARITAL STATUS:				
EMPLOYMENT:				
EMERGENCY CONTACT:				
NAME:		RELATIONSHIP:		
TELEPHONE:				
(H)				
(W)				
(C)				
HEALTH INFORMATION:				
GENERAL PRACTITIONER:				
DATE OF LAST PHYSICAL EXAM:				



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DO YOU HA	AVE ANY OF I	HE FOLLOWING ME	DICAL CONDITIONS?	
HIGH C	CHOLESTEROL			
HIGH E	BLOOD PRESSI	URE		
DIABET	ΓES			
MIGRA	NES			
CARDIA	AC PROBLEMS	(specify)		
PAIN (specify)			
RESPIR	ATORY PROB	LEMS (specify)		
VISION	I PROBLEMS (specify)		
HEARING PROBLEMS (specify)				
DO YOU HAY	VE ANY OF TH	IE FOLLOWING SYM	PTOMS?	
	IVE CHANGES Planning & Orga		ry Loss, Aphasia, Apraxia, Agnosia,	
Severity:	Mild	Moderate	Severe	
	OURAL AND P		OMS (specify) (e.g. Anxiety, Agitation	
Severity:	Mild	Moderate	Severe	
	E IN ACTIVIT		G (specify) (e.g. Banking, shopping,	
Severity:	Mild	Moderate	Severe	