

Telephone numbers:

**If you have any problems call the Hospital Hotline on 00495213053960.**

Medical Centre: **065 44 5824**

Welfare Support Officer: Office: **065 44 5234** Mobile: **0478 970 280**

Padre: Office: **065 44 5346** Mobile: **047 388 2264**

SHAPE Patient liaison at Ambroise Paré **065 414009**

Accessible Mon-Friday 08:00 - midnight, Sat/Sun 11:00-19:00

Transport through UK MT: **065 44 5297**

Space for your personal numbers:

For comments or suggestions about this handbook please e-mail [patientsupportservices@shcac.de](mailto:patientsupportservices@shcac.de) or call the Hospital Hotline.

### More information

More information and answers to FAQ can be found on the Guy's and St Thomas' (GSTT) Website at the following web address:

<http://www.patient-wise.de>

[www.facebook.com/gstgermany](http://www.facebook.com/gstgermany)

Guy's and St Thomas' Hospital   
NHS Trust

## Hospital Handbook for patients

This handbook is for patients who are going to a hospital in Belgium. Your healthcare experience should be as safe and comfortable as possible. To help with this, this booklet provides an overview of what you can expect, and information on how to resolve any issues you may have. Please note that the hospital has numerous departments and employs many members of staff across a wide range of professions. Patients are admitted, treated and discharged every day. You can play an active role in your health care by ensuring that you are fully informed, and question if something seems wrong, even if it seems trivial. Staying well informed helps avoid communication errors and injuries.

If you are concerned about **anything** at all please ask a member of the hospital staff, or contact the Hospital

Hotline 24/7 on **0049 5213053960**. As telephone charges are incurred we will take your name and contact details so we can call you back. Please let the Medical Centre or the Hotline know whenever you are admitted so we can keep in touch with you or to assist if you attended as an emergency or an Outpatient and require further care. There is space throughout the booklet to record details of what is happening before, during and after your stay in hospital. You could complete the questions you are likely to be asked during your stay section before going to hospital, and while in hospital you are recommended to make regular notes

about your progress, examinations or tests, operations and outcomes. Write down all the questions you want to ask the doctor and record the answers. This can be your permanent record and may be useful if you need further care at a later date, or to discuss your treatment with your GP or consultant. It can be used from the moment you have been referred until your treatment has been completed.



**Contents page:**

|          |                                    |
|----------|------------------------------------|
| Cover:   | Introduction                       |
| Page 2:  | Contents page                      |
| Page 3:  | Your personal details              |
| Page 4:  | Before your planned admission      |
| Page 5:  | What to take with you              |
| Page 6:  | On the ward                        |
| Page 7:  | Blank for notes                    |
| Page 8:  | The Doctor                         |
| Page 9:  | Cultural differences               |
| Page 10: | Medication                         |
| Page 11: | Medication register                |
| Page 12: | Blank for notes                    |
| Page 13: | Consent forms                      |
| Page 14: | Anaesthetic consent form           |
| Page 15: | Consent form/notes                 |
| Page 16: | Pain relief                        |
| Page 17: | Pain register                      |
| Page 18: | Your operation                     |
| Page 19: | Your operation/notes               |
| Page 20: | Discharge from hospital            |
| Page 21: | Blank for notes                    |
| Page 22: | General information                |
| Page 23: | Complaints and compliments         |
| Page 24: | Hospital phrases                   |
| Page 25: | Hospital phrases                   |
| Page 26: | Height and Weight conversion chart |
| Page 27: | Weight conversion chart            |
| Page 28: | Telephone numbers                  |

|  | <b>ST</b> | <b>lbs</b> | <b>LBS</b> | <b>KGS</b>  |  | <b>ST</b> | <b>LBS</b> | <b>LBS</b> | <b>KGS</b>   |
|--|-----------|------------|------------|-------------|--|-----------|------------|------------|--------------|
|  | <b>8</b>  | <b>0</b>   | 112        | <b>50.5</b> |  | <b>12</b> | <b>0</b>   | 168        | <b>76.3</b>  |
|  | <b>8</b>  | <b>4</b>   | 116        | <b>52.7</b> |  | <b>12</b> | <b>4</b>   | 172        | <b>78.1</b>  |
|  | <b>8</b>  | <b>8</b>   | 120        | <b>54.5</b> |  | <b>12</b> | <b>8</b>   | 176        | <b>80</b>    |
|  | <b>8</b>  | <b>12</b>  | 124        | <b>58.3</b> |  | <b>12</b> | <b>12</b>  | 180        | <b>81.8</b>  |
|  | <b>9</b>  | <b>0</b>   | 128        | <b>57.2</b> |  | <b>13</b> | <b>0</b>   | 182        | <b>82.7</b>  |
|  | <b>9</b>  | <b>4</b>   | 130        | <b>59</b>   |  | <b>13</b> | <b>4</b>   | 186        | <b>84.5</b>  |
|  | <b>9</b>  | <b>8</b>   | 134        | <b>60.9</b> |  | <b>13</b> | <b>8</b>   | 190        | <b>86.3</b>  |
|  | <b>9</b>  | <b>12</b>  | 138        | <b>62.7</b> |  | <b>13</b> | <b>12</b>  | 194        | <b>88.1</b>  |
|  | <b>10</b> | <b>0</b>   | 140        | <b>63.6</b> |  | <b>14</b> | <b>0</b>   | 196        | <b>89</b>    |
|  | <b>10</b> | <b>4</b>   | 144        | <b>65.4</b> |  | <b>14</b> | <b>4</b>   | 200        | <b>90.9</b>  |
|  | <b>10</b> | <b>8</b>   | 148        | <b>67.2</b> |  | <b>14</b> | <b>8</b>   | 204        | <b>92.7</b>  |
|  | <b>10</b> | <b>12</b>  | 152        | <b>69</b>   |  | <b>14</b> | <b>12</b>  | 208        | <b>94.5</b>  |
|  | <b>11</b> | <b>0</b>   | 154        | <b>70</b>   |  | <b>15</b> | <b>0</b>   | 210        | <b>95.4</b>  |
|  | <b>11</b> | <b>4</b>   | 158        | <b>71.8</b> |  | <b>15</b> | <b>4</b>   | 214        | <b>97.2</b>  |
|  | <b>11</b> | <b>8</b>   | 162        | <b>73.6</b> |  | <b>15</b> | <b>8</b>   | 218        | <b>99</b>    |
|  | <b>11</b> | <b>12</b>  | 166        | <b>75.4</b> |  | <b>15</b> | <b>12</b>  | 222        | <b>100.9</b> |

| FT<br>INS | CM  | ST | lbs | LBS | KGS  |
|-----------|-----|----|-----|-----|------|
| 4<br>0    | 122 | 4  | 0   | 56  | 25.5 |
| 4<br>2    | 127 | 4  | 4   | 60  | 27.2 |
| 4<br>4    | 132 | 4  | 8   | 64  | 29   |
| 4<br>6    | 137 | 4  | 12  | 68  | 30.9 |
| 4<br>8    | 142 | 5  | 0   | 70  | 31.8 |
| 4<br>10   | 147 | 5  | 4   | 74  | 33.8 |
| 5<br>0    | 152 | 5  | 8   | 78  | 35.4 |
| 5<br>2    | 157 | 5  | 12  | 82  | 37.2 |
| 5<br>4    | 163 | 6  | 0   | 84  | 38.1 |
| 5<br>6    | 168 | 6  | 4   | 88  | 40   |
| 5<br>8    | 173 | 6  | 8   | 92  | 41.8 |
| 5<br>10   | 178 | 6  | 12  | 96  | 43.6 |
| 6<br>0    | 183 | 7  | 0   | 98  | 44.5 |
| 6<br>2    | 188 | 7  | 4   | 102 | 46.3 |
| 6<br>4    | 193 | 7  | 8   | 106 | 48.1 |
| 6<br>6    | 198 | 7  | 12  | 110 | 50   |

### Your personal details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Town: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Your home Tel: \_\_\_\_\_

Your mobile Tel: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Next of Kin:\* (NOK) \_\_\_\_\_

NOK home Tel: \_\_\_\_\_

NOK Mobile Tel: \_\_\_\_\_

GP Name: \_\_\_\_\_

GP Tel: \_\_\_\_\_

MC address: \_\_\_\_\_

NHS Number: \_\_\_\_\_

Please ensure that your personal data, especially your contact telephone numbers are up to date at the Medical Centre so we can keep in touch with you while you are in hospital or to contact you to confirm Outpatient appointments.

### Before your planned admission:

If you are unsure where to go or where to report on arrival ask your medical centre to help you. See back page for telephone numbers. If you cannot make your admission date or are unwell in the 3 days before the admission please contact the Medical Centre so they can rebook your admission if necessary.

*Parking:* You are recommended not to drive to the hospital as you may not be able to drive on discharge (due to administration of medication or sedation) which can take time to wear off. Also, parking is often difficult and expensive. If you need transport please call your Military Transport/Unit, and you are requested to book transport as soon as you can.

You will be asked to go to the admissions office (Bureau des admissions) on arrival where you will be asked questions including your name, address, date/place of birth etc. If staff do not speak English, or ask you to complete forms which you do not understand, do **not sign**. Please call the medical centre translator for assistance during working hours on 065442071, or the Hospital Hotline, 24/7 on 0049 521 305 3960.

If you receive any medical reports or bills, please either take these immediately to your medical centre:  
UK Medical Centre, Hospital Administration Clerk, Building 401,  
Avenue d'Oslo, 7010 SHAPE without delay for processing or to hasten the bill payment process post as soon as possible via BFPO to:

SSAFA GSTT CARE LLP  
Payment Section (CDCM)  
Gilead Hospital  
Bielefeld BFPO 39

Or email via [SHAPE@shcac.de](mailto:SHAPE@shcac.de)

The timelines for paying bills are very short. **Please note: any delay could result in legal action.**

|                               |                             |
|-------------------------------|-----------------------------|
| It's tingling/I feel tingling | J'ai des picotements        |
| It feels numb                 | C'est engourdi              |
| I prefer a pill               | Je préfère un comprimé      |
| Can I see the doctor?         | Puis-je voir le docteur?    |
| I need to use the urinal      | J'ai besoin de l'urinal     |
| I need to use the bedpan      | J'ai besoin de la panne     |
| I need to use the bathroom    | Je dois aller aux toilettes |
| Can you help me?              | Pouvez-vous m'aider?        |
| I can't pee (urinate)         | Je n'arrive pas à uriner    |
| I am constipated              | Je suis constipé            |
| I have diarrhoea              | J'ai la diarrhée            |
| I feel dizzy                  | J'ai la tête qui tourne     |
| I have chest pain             | J'ai mal dans la poitrine   |
| Where is the bathroom?        | Où sont les toilettes?      |
| I am allergic to.....         | Je suis allergique à.....   |

**For further English/French words in hospital please go to [patient-wise.de](http://patient-wise.de) and select the tab hospitals/ISOSETS/Mons or Brussels. You will find the useful words on the right hand side at the bottom under information.**

## Frequently Used Phrases

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| It itches                       | Ça me chatouille                           |
| I have a fever                  | J'ai de la fièvre                          |
| My stomach hurts                | J'ai mal au ventre                         |
| I am pregnant                   | Je suis enceinte                           |
| How much?                       | Combien?                                   |
| Are my vital signs normal?      | Est-ce que mes signes vitaux sont normaux? |
| I am going to be sick!          | Je vais vomir!                             |
| I feel nauseous                 | J'ai des nausées                           |
| I need to talk to .....         | Je voudrais parler à.....                  |
| Can you get me.....?            | Pourriez vous me donner.....?              |
| Someone who speaks English      | Quelqu'un qui parle anglais                |
| Some water                      | De l'eau                                   |
| Don't eat or drink anything     | Ne rien manger et ne rien boire            |
| I need something for the pain   | J'ai besoin d'un anti-douleur              |
| Can I have a sleeping pill?     | Puis-je avoir un somnifère?                |
| Can I have an aspirin?          | Puis-je avoir une aspirine?                |
| It hurts                        | Ça me fait mal                             |
| The IV hurts                    | L'intraveineuse fait mal                   |
| The bandage (cast) is too tight | Le bandage (plâtre) est trop serré         |
| Can you loosen it?              | Pouvez-vous le déserrer?                   |
| Excuse me                       | Excusez-moi                                |
| I am sorry                      | Je suis désolé                             |
| It is swollen                   | C'est gonflé                               |

## What to take with you when attending hospital:

- if applicable your admission letter, x-rays and copies of any medical reports you may have
- current medication including over the counter medicine or herbal supplements (See page 10 for how to record medication)
- toiletries (soap and shampoo, toothbrush and toothpaste, brush or comb, shaving equipment, sanitary products etc.)
- hand, bath towel and flannel (the hospital does **not** provide towels and there are no facilities for personal laundry)
- glasses or contact lenses, hearing aid, mobility aids etc.
- nightclothes, dressing gown and non slip slippers or shoes
- day clothes: tracksuit/comfortable clothes, shoes and a coat
- small change for the telephone, vending machines, cafe or kiosk
- items of religious importance to you
- name and contact numbers (space on back page) and address book, paper and pen
- books and/or magazines
- Audio equipment (remember to bring earphones/headphones so that other people in the room are not disturbed by the noise)
- A charger for your mobile or any other equipment you use.

Some hospitals offer internet access and allow laptops, others don't. Please ask the medical centre translator to check for you before you go to hospital.

Please do not bring any jewellery or valuables, alcohol or large bags/suitcases as storage space is very limited. The hospital cannot accept liability for any items stolen or damaged.

**PRIVATE ROOMS**– If you accept a private room this will incur an extra cost which includes an increase in your medical care costs of up to 300% - **this will NOT be reimbursed by the LLP.**

### On the ward:



Once your admission paperwork has been completed you may be handed a folder or sheets with sticky labels and asked to go to the ward. Please have a look at the labels and inform staff if they are incorrect in any way as these are used throughout your stay for anything to do with your care e.g. blood tests, consent forms, medical notes, etc.

On arrival at the ward please report to the Nursing office (Bureau des Infirmières). The nurse will ask you some questions for their records and may take your blood pressure. Examples of possible questions:

Your height: .....**cm** and your weight:.....**kg\*** (see page 26/27 for height and weight conversion charts).

Your Next of Kin details (NoK).....  
.....

Previous operations: (i.e. Tonsillectomy in Nov 2010)  
.....  
.....

Last hospital stay/GP treatment .....

Blood group: (Show card if you have one).....

Your diet: normal .....diabetic.....vegetarian.....gluten free.....

Do you wear glasses/contact lenses/hearing aid/false teeth.....

Do you need assistance (dressing/bathing/feeding).....

Do you have any allergies (hay-fever/plasters/medication.....

Are you taking any medication (prescribed/over the counter/herbal supplements or vitamins (Name and dosage/take packets or list of medicine with you to hospital).

See medication page 10 where you can record this.

### Complaints and compliments

If you have any concerns about the care you received it is best to sort it out straight away by speaking to a member of staff immediately. If you are not satisfied that your complaint has been adequately dealt with, you can make a formal complaint by writing to:

LLP Head of SHC  
SHCAC  
EvKB Gilead Hospital  
BFPO 39.

If a relative wants to complain on your behalf they will need your consent in writing to be included in any correspondence.

*Some advice if you are making a formal complaint:*

- ◆ Please write as soon as possible after the event
- ◆ Give as much detail as you can including your name and the name of the person(s) and department involved
- ◆ If you are raising more than one concern it helps if you number each of the different points you are making. This will ensure that we understand each of your concerns and they can all be answered
- ◆ Please add your address or email address for the written answer and a telephone number so we can contact you if necessary.

If you have been very satisfied with your stay or someone has been particularly helpful, you can let the member of staff know before you are discharged.

You may receive a questionnaire after your discharge from hospital. Please complete this if you can. It helps to shape the service of the future and assists to improve service provision.

## General information

*Visiting times:* mainly between 15:00—19:30 but please check when the official visiting hours are. Young children may not be allowed to visit all wards, so please ask before visiting. In Intensive Care the hours are restricted, and so are the number of visitors so please find out before visiting.

*Flowers:* Cut flowers can be brought in but potted plants are not permitted due to the bacteria in the soil.

*Smoking:* All hospitals have a no smoking policy throughout the building. If you want to smoke please ask staff where you can go.

*Cafeteria:* These are normally located near to the entrance area and opening times will be advertised. Most cafeterias offer hot and cold drinks, cakes, hot food, and some also offer kiosk type items: personal hygiene items, magazines and toys.

*Telephone:* Details about rental agreements for the bedside phone will be provided in the admissions office. You may be able to use your mobile phone whilst in hospital, but please first check with the staff.

*Television:* Most rooms are equipped with a television. They receive about 20 European cable channels, including BBC, MTV and a few channels with Dutch subtitles. TV rental usually costs about 2 Euros per day.

*Self discharge:* All patients are strongly advised against discharging themselves and if they do so, they assume responsibility for any medical mishap, which may result. Service personnel are not to discharge themselves from hospital without the express permission of their Commanding Officer. In the first instance, they are to inform the Hospital Hotline on **0049 5213053960** or the Telephone Assessment Service on **00495213053961** of the reasons for wishing to take their own discharge. On self-discharge, all patients (whether serving or not) are to sign the appropriate form given to them by ward staff before leaving the hospital. Please contact your unit medical officer/ GP as soon as possible.

## Blank page for your notes:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**The Doctor:**

The doctor will examine you and ask further questions about your previous medical history. You may wish to record the answers below. The following are some of the questions you may be asked:

1. What are your symptoms and how long have you had them?  
.....  
.....
2. Is there anything that makes it worse or better?  
.....  
.....
3. Have you had any serious illnesses or accidents?  
.....  
.....
4. Have you ever been admitted to hospital?  
.....  
.....
5. Have you had surgery before?  
.....  
.....
6. Do you have any allergies?  
.....  
.....  
.....  
.....

**Blank page for your notes:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



## Discharge from hospital:

Your discharge from hospital can be any day of the week at any time although it is usually during the working week and in the afternoon. The doctor will inform you when you may go. If you feel you are ready to go home do ask the doctor about discharge. Once your discharge has been confirmed you need to remember the following:

- ◆ ask your doctor for a discharge note/letter
- ◆ take your discharge note or letter from the doctor at the hospital to your medical centre as soon as possible after discharge
- ◆ medication: you may be given a prescription (if you need medication after discharge), which you should take to a Belgian pharmacy. You will have to pay for the medication but you can claim it back. You will need to get a reimbursement form from SHAPE medical centre.
- ◆ please arrange an appointment to see your GP afterwards as soon as possible
- ◆ disconnect the telephone and television if used, and get your deposit and any monies remaining back
- ◆ arrange transport home via your MT office or your Unit. Numbers on the back page.
  
- ◆ **At the medical centre remember to discuss:**
- ◆ a sick note for your employer (The Belgian doctor can only make a recommendation; your GP will write the official sick note)
- ◆ medication or pain relief you have been given
- ◆ an appointment if stitches are to be removed/dressings changed
- ◆ any follow up appointments at the hospital

## Cultural differences:

Because cultural norms differ from country to country you may find aspects of the host nation hospital different to what you are used to back home. Remember you can call the Hospital **Hotline 0049 5213053960**, if you are unsure of anything.

**Privacy:** Host nation physicians may not always use a chaperone when examining patients of the opposite sex. Ask for a chaperone if you feel uncomfortable. Take appropriate clothing that allows you to remain semi-dressed during an upper body exam. You may be asked to undress while other medical and nursing staff are passing through the area. Please be aware this is considered acceptable and we would ask that you take this into account and are respectful of their standards and discuss with the hospital staff ways to accommodate yours.

Most hospitals serve continental breakfast (bread, cheese and coffee). Lunch is the largest meal of the day. Dinner is very light and consists of bread, salad and some kind of meat. In addition some hospitals have a trolley, which comes around the wards on a daily basis with snacks and drinks to purchase.

Inpatients are not allowed in the restaurant, but your visitors may wish to access for lunch. Visitors may have to obtain meal tickets at the reception desk or from a nurse on the ward.

Do not drink alcoholic beverages during hospitalisation without permission from your physician, as alcohol may cause adverse reactions with some treatments and medications.

Spouses may stay overnight if they pay the overnight fee. The LLP will not reimburse you for this expense (between 30-50 Euros). A parent can stay overnight with a child on the paediatric ward at no charge.

Animals are not allowed in the hospitals.







### Pain relief:

If you are in pain, you must let the doctor or nurse know, otherwise they will assume you are pain free or that the pain relief provided is sufficient. Pain relief can be in tablet or liquid form, via injection or drip. Children may be offered a suppository.

Completing a pain register may help you explain to the hospital staff the level of your discomfort. The pain scale is from 0 –10, if you have no pain at all you would record 0, if you are in the worst pain possible you would record 10. It may be useful to keep a register of this with the date and time as your doctor may wish to know how you are feeling and coping with any pain you may have.

Here is an example below:

Date: 5th July Time: 10am Ring (4) Comments: Just had a shower

| Date: | Time: | Comments: |   |     |   |   |   |   |   |    |
|-------|-------|-----------|---|-----|---|---|---|---|---|----|
| 0     | 1     | 2         | 3 | (4) | 5 | 6 | 7 | 8 | 9 | 10 |

| Date: | Time: | Comments: |   |   |   |   |   |   |   |    |
|-------|-------|-----------|---|---|---|---|---|---|---|----|
| 0     | 1     | 2         | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Date: | Time: | Comments: |   |   |   |   |   |   |   |    |
|-------|-------|-----------|---|---|---|---|---|---|---|----|
| 0     | 1     | 2         | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Date: | Time: | Comments: |   |   |   |   |   |   |   |    |
|-------|-------|-----------|---|---|---|---|---|---|---|----|
| 0     | 1     | 2         | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Date: | Time: | Comments: |   |   |   |   |   |   |   |    |
|-------|-------|-----------|---|---|---|---|---|---|---|----|
| 0     | 1     | 2         | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Date: | Time: | Comments: |
|-------|-------|-----------|
|-------|-------|-----------|

### Consent forms:

For procedures/diagnostics:

For anything other than routine investigations you could expect to be given a consent form to sign. This is a simple standard form, which the doctor will discuss with you.

Ask for further explanation if you do not understand and do not sign until you fully understand. If you have any problems contact the Hospital Hotline on **00495213053960** or the SHAPE patient liaison if at Amboise Paré Hospital **065392912**.

### Anaesthetic consent form:

If you need any type of anaesthetic you will be given a consent form to read. The consent form is to inform you about the various types of anaesthesia available and to prepare you for a discussion with the anaesthetist.

The anaesthetist will ask about your medical history and also inform you about the most appropriate type of anaesthesia and explain the risks and possible side effects.

You may be given medication the night before the operation such as medication to help you sleep, and tablets to settle any stomach acid which can build up. This will all be discussed by the anaesthetist at the consultation. Let him/her know if you are really anxious.

When you are satisfied that you have understood everything about the anaesthetic and have no further questions you will be asked to sign the form in the presence of the doctor.

On the next 2 pages are some of the questions you may be asked.

**Possible anaesthetic consent form questions:**

Age.....years/Height..... cm/Weight.....kg (see p 26/27).

What is your present occupation? .....

Do you wear a hearing aid/contact lenses/have removable dental prosthesis? Do you have teeth or gum problems? Do you have loose teeth?

Have you been under medical care recently?  
If yes, what for? .....

Do you take medication regularly (pain, sleep, heart, circulation or blood thinning agents such as aspirin)?  
If yes, please indicate type and amount per day.....

Have you ever had surgery?  
If yes, when and what type of surgery.....

Were there any problems as a result of the anaesthesia?  
If yes, please indicate .....

Did any blood relative ever suffer a complication of anaesthesia?  
Have you ever had a blood transfusion?  
If yes, were there any complications?  
Have you donated your own blood for this proposed surgery?

**For women of child bearing age:** Are you pregnant?

**Do you have/have you ever had one of the following diseases?**

**Heart disease** (e.g., infarct, angina pectoris, heart defect, breathing difficulties on exertion, myocarditis, heart rhythm irregularities)?

**Disease of the nervous system** (e.g., epilepsy, paralysis)?

Have you ever been treated for **psychiatric problems** (e.g. depression).

**Disease of the skeletal system** (e.g. injuries to the spine, joint disease)?

**Muscular disease or weakness, predisposition to malignant hyperthermia?**

Do any of your blood relatives have or had a muscular disease?

**Disease of the blood or tendency to bleed excessively** (do you develop bruises for no apparent reason, nosebleeds)?

**Allergies/Allergic reactions** (e.g. hay fever, allergy to any foods, medications, plasters, latex gloves)?  
If yes, please indicate.....

**Any other diseases** (e.g. disease of the immune system, skin disease, meningitis, tumours, poisoning)?  
If yes, please indicate.....

**Other health factors** (e.g. accidents, severe injuries, special job related factors)?  
.....

Do you smoke? If yes, how many per day?.....

Do you drink alcohol regularly? If yes, how much per day?.....

Space for your notes:  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....