



# Introduction

Welcome to the Norwich Union Healthcare Medical Passport.

How much do you know about your medical history? Do you know when you last had a tetanus injection? Do you know your blood group?

A study for Norwich Union Healthcare shows that four in five adults fail to keep records of their illnesses and treatments.

That's why Norwich Union Healthcare, working with a GP, has developed this unique log to help you keep track of your medical details, so you have all the information when you need it.

In addition each section contains basic advice and there's a list of useful numbers at the back of the passport. So if you need more help you know who to contact.

We're delighted that the Patients Association is supporting our initiative. Like us, they think that the passport is a great way of helping patients and doctors work together better. We hope you'll agree.

N.B. This passport is for information only and may not be complete. If in doubt about a health-related matter, see a doctor.



## **How do I use my medical passport?**

- Fill in your personal details on pages 2 to 5.
- The passport is divided into seven separate sections to make it easy to use. At the back there are some extra pages for any additional information.
- These sections should be filled in by you when you visit the doctor.
- Remember to ask the doctor for advice on what you should include.
- Don't worry if you can't fill everything in.
- Useful numbers are listed on the back page.

## **Things to remember**

- Try to keep your passport with you at all times. It's not just useful for your GP, it could help in an emergency, too.
- Make sure that you enter any details of treatment each time you visit a doctor, clinic or hospital.
- Your passport is only as good as the last piece of information logged.



# Personal Details

Name:

Telephone:

Work

Home

Mobile

Emergency contact:

Name:

Relationship:

Telephone:

Work

Home

Date of birth:

Height:

Weight:

Blood group:

### **Medical information**

Do you have: *please tick the relevant boxes*

Diabetes

Epilepsy

Allergy to Aspirin

Allergy to Penicillin

Other *(please state)*



# Personal Details

## Family medical history

Sometimes your family's medical history can be important when diagnosing an illness you may have. This section is for you to make a note of any history of diseases that close members of your family might have had. Illnesses such as cancer, heart disease and high blood pressure should be included, along with other information that you feel is relevant.

*Relationship:*

*Diagnosis:*

*Date (if known):*

*Relationship:*

*Diagnosis:*

*Date (if known):*

*Relationship:*

*Diagnosis:*

*Date (if known):*



Relationship:

Diagnosis:

Date (if known):

## Social habits

How many units of alcohol\*  
do you consume per week?

Are you a smoker? *yes*

*no*

If so, how many cigarettes  
do you smoke per day?

Do you exercise? *yes*

*no*

If so, how regularly?

\* One unit of alcohol = one small glass of wine, one 25ml measure of spirits or half a pint of beer.



# Vaccinations

Most vaccinations are given to you as a child. However it is worth keeping track of boosters, such as tetanus (which you need every ten years) and polio.

## Tetanus

*Date:*

*Notes:*

*Date:*

*Notes:*

## Polio

*Date:*

*Notes:*

*Date:*

*Notes:*

## Vaccinations for travel abroad

It is essential to check with your travel agent or doctor whether or not you need vaccinations. Some vaccinations need to be given at least six weeks before travel to be effective - remember to ask!

<i>Date:</i>	<i>Vaccination:</i>
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<i>Notes:</i>
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<i>Date:</i>	<i>Vaccination:</i>
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<i>Notes:</i>
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<i>Date:</i>	<i>Vaccination:</i>
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<i>Date:</i>	<i>Vaccination:</i>
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<i>Notes:</i>
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<i>Date:</i>	<i>Vaccination:</i>
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<i>Notes:</i>
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# Allergies

Many people suffer from allergies. Some are not dangerous. Others - such as peanut allergies - can be serious. If you do suffer from a serious allergy, remember to mark it in the personal details section.

It can be helpful to keep a record of allergies, to establish patterns and possible causes. So fill in this section carefully.

*Allergy:*

*Reaction:*

*Allergy:*

*Reaction:*

*Allergy:*

*Reaction:*



*Allergy:*

*Reaction:*

*Allergy:*

*Reaction:*

*Allergy:*

*Reaction:*

*Allergy:*

*Reaction:*



# Operations

This section is for you to keep a record of operations or treatments that you have had. This information is useful for health insurance details as well as providing a record for you and your doctor.

<i>Date:</i>	<i>Operation:</i>
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<i>Notes:</i>

<i>Date:</i>	<i>Operation:</i>
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<i>Notes:</i>

<i>Date:</i>	<i>Operation:</i>
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<i>Notes:</i>

<i>Date:</i>	<i>Operation:</i>
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<i>Notes:</i>



<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	

<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	

<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	

<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	



# Operations

*Date:*

*Operation:*

*Notes:*

*Date:*

*Operation:*

*Notes:*

*Date:*

*Operation:*

*Notes:*

*Date:*

*Operation:*

*Notes:*



<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	

<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	

<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	

<i>Date:</i>	<i>Operation:</i>
<i>Notes:</i>	



# Medication

## Ongoing medication

To keep track of your medication keep a note here of your prescriptions. This will ensure that you never mix medication wrongly and can be of help to your pharmacist when advising on over-the-counter medication.

*Medication:*

*Prescribed from (date):*

*Notes:*

*Medication:*

*Prescribed from (date):*

*Notes:*

*Medication:*

*Prescribed from (date):*

*Notes:*

## Short-term medication

To keep track of your medication keep a note here of your prescriptions.

<i>From:</i> / /	<i>To:</i> / /
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<i>Notes:</i>

<i>From:</i> / /	<i>To:</i> / /
------------------	----------------

<i>Notes:</i>

<i>From:</i> / /	<i>To:</i> / /
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<i>Notes:</i>

<i>From:</i> / /	<i>To:</i> / /
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<i>Notes:</i>





# Medication

*From:*

*To:*

*Notes:*

*From:*

*To:*

*Notes:*

*From:*

*To:*

*Notes:*

*From:*

*To:*

*Notes:*

<i>From:</i> / /	<i>To:</i> / /
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*Notes:*

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<i>From:</i> / /	<i>To:</i> / /
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*Notes:*

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<i>From:</i> / /	<i>To:</i> / /
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*Notes:*

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<i>From:</i> / /	<i>To:</i> / /
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*Notes:*

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# Screening

Prevention is better than cure. Remember to have regular screening. If you are in doubt about how often you should have screens speak to your doctor or practice nurse. Keep a record of your checks on these pages to be sure that you are up to date.

*Date:*

*Blood Pressure:*

*Cholesterol:*

*Urine Test:*

*Notes:*


*Date:*

*Blood Pressure:*

*Cholesterol:*

*Urine Test:*

*Notes:*



*Date:*

*Blood Pressure:*

*Cholesterol:*

*Urine Test:*

*Notes:*

*Date:*

*Blood Pressure:*

*Cholesterol:*

*Urine Test:*

*Notes:*

*Date:*

*Blood Pressure:*

*Cholesterol:*

*Urine Test:*

*Notes:*

# Well Woman

There are specific screens that women should have regularly. Cervical smears should take place at least every three years, or more often if you could be at risk. Breast screening is recommended for women over 50. But you can be 'breast aware' by checking yourself, once a month, for any changes.

*Date:*

*Type:*

*Result:*

*Date:*

*Type:*

*Result:*

*Date:*

*Type:*

*Result:*

*Date:*

*Type:*

*Result:*

*Date:*

*Type:*

*Result:*

## Pregnancies

Date:

Notes:

Were there any complications?

yes

no

Date:

Notes:

Were there any complications?

yes

no

Date:

Notes:

Were there any complications?

yes

no



# Record of Visits

This section is for keeping a record of your visits to your doctor, clinic or hospital. You could also use it to note down future appointments.

*Date:*

*Notes:*

*Date:*

*Notes:*

*Date:*

*Notes:*



*Date:*

*Notes:*


*Date:*

*Notes:*


*Date:*

*Notes:*






# Record of Visits

*Date:*

*Notes:*

*Date:*

*Notes:*

*Date:*

*Notes:*



*Date:*

*Notes:*

*Date:*

*Notes:*

*Date:*

*Notes:*



# Record of Visits

*Date:*

*Notes:*

*Date:*

*Notes:*

*Date:*

*Notes:*



*Date:*

*Notes:*

*Date:*

*Notes:*

*Date:*

*Notes:*



# Things to ask my Doctor

Sometimes in the rush or worry of visiting the doctor we forget to ask all the questions we wanted to. This section is for you to make your own notes so that you'll have a reminder next time you visit.







# Additional Information

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We've left these pages blank for you to add in any other information you need. Or perhaps they'll act as an overflow if one section gets full.







# Useful numbers

Patients Association	0181 423 8999
Insulin Dependant Diabetes Trust	01604 721325
Pain Concern	01227 710402
RNIB	0171 388 1266
MIND	0345 660 163
Sense	0171 272 7774
National Asthma Campaign	0345 010203
Multiple Sclerosis Society	01279 817101
Muscular Dystrophy Group	0171 720 8055
Breast Cancer Care	0500 245 345
Help the Aged	0808 800 6565

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For further information or a quote on private medical insurance, contact Norwich Union Healthcare on 0800 424242.

Calls to and from Norwich Union may be monitored and/or recorded.





Certificate No. FS 00518



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# Medical Passport



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