

Dolen Cymru – Wales Lesotho Link questionnaire

The information you provide will be kept confidential. The information will be kept in the Dolen Cymru office.

NAME: _____ DATE OF BIRTH: _____

DATE OF VISIT TO LESOTHO: _____ TO _____

1. Please note any current medical conditions that you have:

2. Please list any medications you are currently taking or have taken during the last 3 years:

3. Please list any medication you are allergic to:

4. Please list any operations you have had in the last 10 years:

5. Please list any foods you are allergic to:

6. Please note any other conditions or family conditions that Dolen Cymru should be aware of: