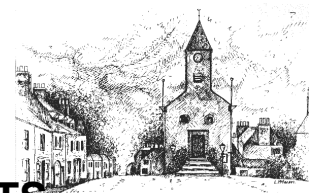




# Stow & Lauder Health



## HEALTH QUESTIONNAIRE FOR PATIENTS

It would be most helpful if you could complete this questionnaire which will be confidential and kept in your personal file for future reference. It is important that we have up to date telephone numbers as we sometimes need to contact patients urgently about test results. Please let us know if you change any of your contact numbers in the future.

Today's date .....

Name .....

Date of Birth .....

### **CURRENT CONTACT INFORMATION**

Address .....

Home Telephone .....

.....

Work Contact No. ....

Post Code .....

Mobile No .....

**Please indicate (tick) if you are happy for us to use your mobile to send SMS messages re appts, health campaigns, to let you know results are back, and to get in touch with you.**

**Signature** .....

### **NEXT OF KIN**

Name .....

Relationship .....

Phone No .....

### **RESIDENCE OUTSIDE UNITED KINGDOM**

Have you lived outside the UK ? Yes  No

If so where and when? .....

If born outside UK: Place of birth ..... Date of entry to UK .....

### **ETHNICITY & LANGUAGE**

Ethnicity .....

First language .....

If English is not your first language, do you require an interpreter? Yes  No

### **DRUGS/MEDICINES**

I have attached, to this questionnaire, a copy of my regular, repeat drug list from my previous Practice – please confirm by ticking the box.

**Failure to attach a list will result in a delay in getting your medication from your new GP.**

List any other medicines that you take and the reason for these.

Name	Strength	Frequency	Reason	

Do you use a compliance aid (dosset box) Yes  No

Please list any non-prescription medication or supplements if taken?


**PAST MEDICAL HISTORY**

Please list any past medical history of note (operations, on-going illnesses):-


**FAMILY HISTORY**

Has anyone in your family had the following?

- Heart disease below aged 60       (.12C2)      Breast Cancer       (.1243)
- Bowel Cancer       (.1241)      Cancer of the Ovary       (.1245)
- Diabetes       (.1252)      Thrombosis / blood clot       (.12C9)
- Glaucoma       (.12A1)

**CARER**

Are you a carer for a relative, friend or neighbour? If yes:-

Who do you care for? ..... Are you a PAID / UNPAID Carer? (circle)

**ALLERGIES**

Please list any medicines that you are allergic to or have been told that you must not take:-

1	
2	
3	

**IMMUNISATIONS**

When did you last have a tetanus vaccination?.....

**WOMEN ONLY**

If you are aged between 25 and 70 years when did you last have a cervical smear? .....

If you are aged between 20 and 40 years, have you had a rubella/MMR vaccination?.....

**LIFE STYLE FACTORS**

Married  Civil Partnership  Single  Widow(er)  Separated  Divorced

Occupation: \_\_\_\_\_

Children:

Name	Age

**SMOKING:** Yes  Never  Have smoked in the past   
If you smoke, how many cigarettes/ounces of tobacco do you smoke per day? \_\_\_\_\_

**ALCOHOL:** Yes  Never   
If you drink alcohol, please state quantities consumed in an average week:-  
Pints/Bottles of beer  Glasses of wine/sherry  Spirits – Measures

How many units of alcohol do you think you consume per week

**\*\*ADMIN STAFF**

**Medication List** – request from previous Practice if no repeat list attached and on medications. This should then be workflowed to Pharmacy.

**Military Veteran**- check if completed British Armed Forces section on GPR, and if so, add Read Code 13Ji (Military Veteran) onto EMIS as active, significant.