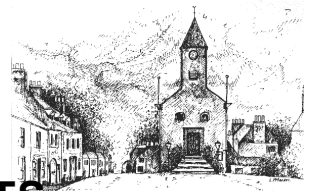




Stow & Lauder Health



HEALTH QUESTIONNAIRE FOR PATIENTS

It would be helpful if you could complete this confidential questionnaire for your personal file for reference. It is important that we have up to date tel numbers as we sometimes need to contact patients about test results. Please let us know if any details change 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 yes, 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 any close relative had the following, and if so, please give more detail in box below?

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

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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 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 aged between 25 and 65 years when did you last have a cervical smear?

If you have an IUCD (coil) in situ, when was it fitted?

If you have an implant in situ, when was it fitted?

If 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 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.