**HILLSWICK HEALTH CENTRE**

MEDICAL QUESTIONNAIRE

Since it will be some time before we will have your medical records we would be grateful if you could provide us with some information which will assist us in the meantime.

When you attend the surgery for your initial consultation it would be appreciated if you could bring a urine specimen with you.

**1. GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone Number** |  |
| **Male/Female** |  |
| **Single/Married/Divorced/Widowed/Other** |  |
| **Occupation** |  |

|  |  |
| --- | --- |
| **Last Doctor’s Name** |  |
| **Surgery** |  |
| **Address** |  |

***For Practice Use***

|  |  |
| --- | --- |
| **Height** |  |
| **Weight** |  |
| **B/P** |  |
| **Urinalysis** |  |

**2. MEDICAL INFORMATION**

**2.1** ***Illnesses and Treatment***

Have you had any serious illnesses or operations? If YES please list below:

|  |  |  |
| --- | --- | --- |
| **Date** | **Illness** | **Treatment** |
|  |  |  |
|  |  |  |
|  |  |  |

**2.2** ***Medication***

Are you taking any medication? If YES please list below:

|  |  |
| --- | --- |
| **Drug** | **Dosage** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**2.3 *Allergies***

Do you have any allergies? If YES please list below:

|  |  |
| --- | --- |
| **Drug related allergies** |  |
| **Non-drug related allergies** |  |

**2.4** ***Cardiovascular***

|  |  |  |
| --- | --- | --- |
| **Do you have high blood pressure?** | Yes (14A2.) | No |
| **Have you ever had a heart attack or suffered from angina?** | Yes (G3) | No |
| **Have you ever had a stroke, ‘shock’ or any weakness down one side?** | Yes (G66) | No |

**2.5** ***Family History***

Have any of the following – mother, father, brother, sister had:

|  |  |  |
| --- | --- | --- |
| **A heart attack below the age of 60** | Yes (12C2) | No |
| **A heart attack above the age of 60** | Yes (12C3) | No |
| **A stroke** | Yes (12C4) | No |
| **Trouble with high cholesterol** | Yes (1262) | No |

**3.** **LIFESTYLE**

**3.1** ***Smoking***

|  |  |  |
| --- | --- | --- |
| **Do you smoke:** | Yes | No |

If YES do you:

|  |  |
| --- | --- |
| **Smoke less than 1 cigarette daily** | Yes (1372) |
| **1 – 9 cigarettes daily** | Yes (1373) |
| **10 – 19 cigarettes daily** | Yes (1374) |
| **20 – 39 cigarettes daily** | Yes (1375) |
| **More than 40 cigarettes daily** | Yes (1376) |
| **Smoke a pipe** | Yes (137H) |
| **Smoke cigars** | Yes (137J) |

If No have you:

|  |  |
| --- | --- |
| **Never ever smoked** | (1371) |
| **Given up smoking in the last year** | (137K) |
| **Not smoked for more than a year** | (137F) |

**3.2** ***Exercise***

Healthy exercise usually involves activity that usually lasts for at least 20 minutes, raises your pulse and produces hard breathing. In younger people this might be running, cycling, aerobics or sport or a brisk walk for older people.

Do you take this type of exercise?

|  |  |
| --- | --- |
| **Daily** | (1385) |
| **Three times weekly** | (1384) |
| **Once weekly** | (1383) |
| **Once monthly** | (1382) |
| **Seldom** | (1382) |
| **I cannot take exercise because of disability** | (1381) |

**3.3** ***Diet***

Please tick the one category which is closest to your eating pattern.

|  |  |
| --- | --- |
| **I eat no meat, fish or dairy produce** | (13A2) |
| **I eat no meat** | (13A1) |
| **I eat a mixture including daily fruit and veg.** |  |
| **I eat a mixture including regular fries** |  |
| **I eat frozen meals 3 or 4 times per week** |  |
| **I eat mainly snacks** |  |
| **I eat special medical diet** |  |
| **Please specify special diet** |  |

**3.4 *Alcohol***

Please tick the statement which most closely describes your usual, average alcohol intake (1 unit = 1 glass wine, ½ pint beer or a single measure of spirits)

|  |  |
| --- | --- |
| **I never drink alcohol** | (1361) |
| **I drink less than 1 unit per day** | (1362) |
| **I drink between 1 and 2 units per day** | (1363) |
| **I drink between 3 and 6 units per day** | (1364) |
| **I drink between 7 and 9 units per day** | (1365) |
| **I drink more than 9 units per day** | (1366) |

**4.** **CONTRACEPTION**

Would you wish the practice to provide you with contraceptive services and advice?

|  |  |
| --- | --- |
| Yes | No |

**Signature**

**Date**