

Pilning Surgery– Medical Questionnaire

Name..... Date of Birth.....

Telephone No..... Mobile No.....

Please tick your ethnic group below:

White British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other white ethnic group	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other ethnic mixed background	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Ethnic group not given – patient refused	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Other, specify:	<input type="checkbox"/>

1st spoken language..... 2nd spoken language.....

Do you live alone YES / NO

In Employment description of job.....

Unemployed Student Retired Carer Long term sick

Current Smoker YES / NO Cigarettes per day grams per wk

Ex Smoker YES / NO Never Smoked Yes/No

How many unit of alcohol do you drink per week?
Half pint beer=1 unit, glass wine = 1.5 units

Please name any medication you are allergic to

Please name other significant allergies

Health:

Do you have ischaemic heart disease (angina or previous heart attack)? YES / NO

Do you have raised blood pressure that is being treated? YES / NO

Do you have history of stoke or mini stroke/TIA? YES/ NO

Do you have diabetes? YES / NO

Do you have asthma?

YES / NO

If yes, please supply date when diagnosed.....

Have any of your family developed any of the following?

	Angina or heart attack under 60	Diabetes	Stroke, mini stroke or TIA	Cancer
Mother				
Father				
Sister				
Brother				
Grandmother	Maternal	Maternal	Maternal	
	Paternal	Paternal	Paternal	
Grandfather	Maternal	Maternal	Maternal	
	Paternal	Paternal	Paternal	
Aunt				
Uncle				

Are you a carer?

YES / NO

When we use the word 'Carer' what we mean is anyone who has extra responsibility because they are looking after or helping to look after someone who has a disability, illness difficulty (such as an addiction) or someone elderly and frail.

Are you Housebound?

YES / NO

By the term 'Housebound' we mean someone who is **never** able to leave their home because of disability, illness or frailty.

Please describe your activity level, please circle

A - Inactive B – Moderately inactive C – Moderately active D –active

Please provide us with details of your next of kin:

Name.....Tel:.....

Address

Receptionist name:

Patient Emis no: