

HEALTH QUESTIONNAIRE

INTRODUCTION

This document is intended to be completed by patients to provide basic health information.

NAME _____ Date of Birth _____

Weight _____ Height _____

Occupation _____

Do you have any allergies to drugs/medication? Yes/No

Do you take any prescribed medication regularly? Yes/No

How many different types of medication do you take? (please circle) (Template 4+meds)

1 2 3 4 5 6 7 8 9 10+

If yes, which drugs? _____

SMOKING.

Are you a smoker?	Yes	<input type="checkbox"/>
	Ex Smoker	<input type="checkbox"/>
	Never Smoked	<input type="checkbox"/>

If you smoke, how old were you when you started? _____

Would you like to stop smoking? Yes/No

If yes, would you like advice on our Help-2-quit clinic? _____

If you used to smoke, when did you stop smoking, year/month? _____

ALCOHOL

– Please fill in the attached form.

Female Patients

When did you have your last smear taken? _____

If you have served in the British Armed Forces:

NHS England are working at improving understanding of the needs of veterans amongst NHS clinical and administrative staff. As part of this it would be helpful if we could identify any patients who are military veterans.

If you have served in the British Armed forces –

If so, which section of the Armed Forces did you serve? Please circle.

- Army Veteran?
- Royal Air Force Veteran?
- Royal Navy Veteran
- Royal Marines Veteran

Enlistment date:

Service Number:

Are you a reservist? Yes / No

Leaving Date:

Is this your first registration with a GP since leaving the Armed Forces? Yes / No

If yes please provide your address before enlisting

Postcode

(internal use only 13Ji)

CARERS

Are you a carer? Yes / No

Do you have a carer? Yes / No

(Please tick)

NB: A carer is somebody who looks after friends or relatives who need support due to frailty, disability or a serious health condition. (+to c/reg)

If you answered Yes – please give details of who you are carer to and/or your carer :

I am carer to:
(please include name and your relationship to them)

My carer is:
(please include name and your relationship to them)

FAMILY HISTORY

Is there any of the following in your family (*father, mother, brother, sister*) before age of 65?

Heart Disease (Heart attacks, angina)? Yes / No. Which family member? _____

Stroke? Yes / No. Which family member? _____

Cancer? Yes / No. Which family member? _____

Site of cancer? _____

Practice information booklet given to patient.

SUMMARY CARE RECORD

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had.

Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.

More information on Summary Care Records can be found at www.nhscarerecords.nhs.uk

Please tick the appropriate box for your consent

Express consent for medication, allergies and adverse reactions only

Express dissent – You do not wish to have a Summary Care Record

Please tick the appropriate box/es for your Access to Information Needs

Do you or your named/authorised carer need any of the following alternative correspondence formats?

Braille – Myself Carer

Large Print – Myself Carer

Audio Tape – Myself Carer

What is your preferred communication method?

No Preference Home telephone number

Work telephone number Mobile telephone number

Email address Letter to home address

Letter to temporary address Fax

Video conference

ETHNICITY & LANGUAGE QUESTIONNAIRE

Completion of this questionnaire is not compulsory however this short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity, to support your health care. We would be grateful if you could complete one form for each family member joining the Practice

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

What is your main language?

What is Your Ethnic Group?

Please choose and tick **ONE** box **which you feel best describes** your ethnic group or background

Prefer not to say		Indian		Mixed or Multiple ethnicity/ies	
White British		Pakistani		Other ethnicity / ethnic group (please specify below)	
Black British		Bangladeshi			
Asian British		Indian British			
African British		Pakistani British			
Chinese British		Bangladeshi British			
White Irish		Caribbean British			
Black Irish		Black Caribbean			
Asian Irish		Black African			
African Irish		Chinese			
Chinese Irish		Japanese			
White Polish		Asian			
Black Polish		European			
Asian Polish		African			
African Polish		Canadian			
Chinese Polish		American			
		Australian			