

HEALTH QUESTIONNAIRE

Name:
Date of birth:
Contact Tel No:
First Language (applies to all)

Please tick which most applies to your current lifestyle

Past Medical History – Please list all **IMPORTANT** illnesses you have suffered, including operations and hospital admissions

Family History
 Is there a history of any of the following before the age of 60?
 HEART DISEASE STROKE HYPERTENSION DIABETES
 Please state any others you feel may be relevant

Medication
 Please list any medication you use regularly whether or not prescribed by your Doctor
 Are you allergic to any medication Yes N If yes name of medication

Cervical Screening (females over 25 years)
 Have you had a cervical smear within the last 5 years? Yes N
Result Normal Abnormal

Smoking: Smoker Ex-smoker Never smoked

Alcohol: In an average week how many units do you drink? (1 unit = ½ pint of beer, or a small glass of wine, or 1 measure of spirits). Approximate Units per week: _____
 Do you ever drink more than (Male) 8 units in a single day? Yes No
 (Female) 6 units in a single day? Yes No

Exercise: How often do you do exercise which makes you breathless and increases your heart rate?
 Less than 5 thirty minute sessions per week
 More than 5 thirty minute sessions per week

Height _____ cms **Weight** _____ kgs

Screening Questions:
 a) During the last month, have you often been bothered by feeling down, depressed or hopeless? Yes No
 During the last month, have you often been bothered by having little interest or no pleasure in doing things?
 Yes No

Ethnic Group	White	Indian	Chinese	African
	Asian	Mixed	Pakistani	Other

9. ****Overseas only ****
Expected date of leaving UK: _____
Do you require an interpreter? Yes No

Health Centre use only
 TB Screening offered HIV test offered PHQ9 completed
Over 45 BP result _____ mmHg