MEDICAL QUESTIONNAIRE

Montpelier Health
Wellbeing at the heart of the community

NAME:

DATE OF BIRTH: TELEPHONE:

EMAIL:

OPT IN TO SMS APPOINTMENT REMINDERS? Y¦N

SIGN UP TO ONLINE SERVICES? Y¦N

PREFERRED METHOD OF CONTACT: [PLEASE TICK]

TELEPHONE [] EMAIL [] POST []

ETHNICITY [PLEASE TICK AS APPROPRIATE]

WHITE BRITISH		INDIAN/BRITISH INDIAN	
WHITE IRISH		PAKISTANI/BRITISH PAKISTANI	
OTHER WHITE ETHNIC GROUP		BANGLADESHI	
BLACK BRITISH		CHINESE	
BLACK CARIBBEAN		OTHER ETHNIC MIXED BACKGROUND	
BLACK AFRICAN		OTHER [PLEASE SPECIFY]	
BLACK OTHER			

FIRST SPOKEN LANGUAGE: SECOND SPOKEN LANGUAGE: INTERPRETER REQUIRED: DO YOU LIVE ALONE:

DO YOU HAVE ANY PARTICULAR COMMUNICATION NEEDS? [PLEASE STATE]

DOES YOUR GENDER AT BIRTH DIFFER FROM YOUR CURRENT GENDER IDENTITY?

CARER STATUS

DO YOU CARE FOR SOMEONE WHO CANNOT MANAGE WITHOUT YOU? Y¦N

[PLEASE GIVE PATIENT DETAILS]

.....

ARE YOU CARED FOR BY SOMEONE? Y¦N

[PLEASE GIVE NAME & CONTACT DETAILS]

.....

TEL: .....

EMPLOYMENT STATUS [PLEASE TICK AS APPROPRIATE]

IN EMPLOYMENT	[]
UNEMPLOYED	[]
STUDENT	[]
RETIRED	[]
LONG TERM SICKNESS	[]
CARER	[]

SMOKING STATUS

CURRENT SMOKER Y¦N

CIGARETTES PER DAY: .....,

GRAMS PER WEEK: .....

VAPE, CIGARS, PIPE Y¦N

EX SMOKER Y¦N

HOW MANY UNITS OF ALCOHOL DO YOU DRINK PER WEEK?
[HALF PINT BEER = 1 UNIT ¦ ONE GLASS WINE = 1.5 UNITS]

ALLERGIES

PLEASE LIST ANY MEDICATIONS YOU ARE ALLERGIC TO:

PLEASE LIST ANY OTHER SIGNIFICANT ALLERGIES:

HEALTH [PLEASE CIRCLE AS APPROPRIATE]

ISCHAEMIC HEART DISEASE [ANGINA OR PREV. HEART ATTACK] Y¦N

RAISED BLOOD PRESSURE [UNDER CURRENT TREATMENT] Y¦N

HISTORY OF STROKE ¦ MINI STROKE/TIA Y¦N

DIABETES Y¦N

ASTHMA Y¦N

DATE WHEN DIAGNOSED: .....

MEDICAL QUESTIONNAIRE

CONTINUED

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HAVE ANY OF YOUR FAMILY DEVELOPED ANY OF THE FOLLOWING
[PLEASE TICK AS APPROPRIATE]

FAMILY MEMBER	ANGINA/HEART ATTACK UNDER 60	DIABETES	STROKE, MINI STROKE OR TIA
MOTHER			
FATHER			
SISTER			
BROTHER			
PATERNAL GRANDMOTHER			
PATERNAL GRANDFATHER			
MATERNAL GRANDMOTHER			
MATERNAL GRANDFATHER			
AUNT			
UNCLE			

PHYSICAL ACTIVITY LEVEL
[TICK AS APPROPRIATE]

HEAVY EXERCISE	[]
MODERATE EXERCISE	[]
LIGHT EXERCISE	[]
INACTIVE	[]
EXERCISE PHYSICALLY IMPOSSIBLE	[]

WE ARE CURRENTLY OFFERING NEW PATIENTS APPOINTMENTS FOR A ROUTINE HIV TEST, IS THIS SOMETHING YOU'D BE INTERESTED IN? Y¦N

PLEASE NOTE, IF YES TO THE ABOVE, A RECEPTIONIST WILL BE IN CONTACT WITH YOU ONCE AN APPOINTMENT BECOMES AVAILABLE, POST REGISTRATION.

NEXT OF KIN

PLEASE NOTE, WE CANNOT CONTACT FOREIGN TELEPHONE NUMBERS OR ADDRESSES

NAME:

RELATION:

ADDRESS:

TELEPHONE:

ADDITIONAL TELEPHONE:

PLEASE PROVIDE US WITH YOUR PHARMACY PREFERENCE FOR ELECTRONIC PRESCRIPTIONS SERVICE [EPS]