Montpelier Health Centre – Medical Questionnaire

Name…… Date of birth……..

Telephone No……Mobile No……..

Work No……Email Address……..

Preferred Method of Contact……

I would like to OPT OUT of text message appointment reminders YES / NO

I would like to sign up to book appointments online YES / NO

Ethnicity:

Please tick your ethnic group below:

White British		Indian	
White Irish		Pakistani	
Other white ethnic group		Bangladeshi	
Black British		Chinese	
Black Caribbean		Other ethnic mixed background	
Black African		Other, specify:	
Black Other			

1st spoken language…… 2nd spoken language……

If your gender at birth differs from your current gender or gender identity please state below?

……..

Do you live alone? YES / NO

Do you care for someone who cannot manage without you? YES / NO

Employment Status:

In Employment ☐ description of job……

Unemployed ☐ Student ☐ Retired ☐ Carer ☐ long term sick ☐

Smoking Status:

Current Smoker: YES / NO Cigarettes per day ☐ grams per wk ☐

Ex Smoker: YES / NO

Alcohol Consumption:

How many unit of alcohol do you drink per week? ☐

Half pint beer=1 unit, glass wine = 1.5 units

Allergies:

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**
Mother			
Father			
Sister			
Brother			
Grandmother	Maternal	Maternal	Maternal
	Paternal	Paternal	Paternal
Grandfather	Maternal	Maternal	Maternal
	Paternal	Paternal	Paternal
Aunt			
Uncle			

Please Circle your activity level

A - Very active B – Moderately active C – not very active D – inactive

Please provide us with details of your next of kin:

Name……Tel:……

Address ……..

IF YOU WOULD LIKE A NEW PATIENT HEALTH CHECK, PLEASE CONTACT THE SURGERY 1 WEEK AFTER REGISTERING