

Patient Questionnaire

Adult's Invitation for Health Check

For those aged 15 years and over

Drs King, Oelmann and Hughes, Clark Avenue Surgery, Cwmbran

Date of invitation _____ Mr/Mrs/Miss/Ms/ _____

Surname _____ Date of birth _____

Forename(s) _____

Address: _____ Telephone No. _____

Post code: _____

Personal medical history

Have you suffered with any of the following - **please tick**

TB Asthma

Diabetes High blood pressure

Jaundice Heart problems

Glaucoma Cancer

Any other illness

If yes please state _____

Have you had any operations? Yes No

If yes please state _____

Have you had any accidents?

If yes please state _____

Have you any disabilities?

If yes please state _____

Medication

Are you taking any regular medication?

If yes, please bring medication with you

Have you had a tetanus booster in the last 10 years? Yes No

If so give date _____

			Yes	No
<i>Allergies</i>	Are you allergic to any drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so what _____.

Please list any other allergies eg: Hayfever, animals etc

Personal Health

Occupation

Unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Fulltime	<input type="checkbox"/>	Part-time	<input type="checkbox"/>

Smoking

	Yes	No	Quantity daily
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> enter oz per week
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have given up smoking please give year stopped

Alcohol

Please state the amount of alcohol you would drink in 1 week

Pints of beer	<input type="checkbox"/>
Pints of cider	<input type="checkbox"/>
Glasses of wine	<input type="checkbox"/>
Pub measures of spirits	<input type="checkbox"/>

Dietary Habits

	Yes	No
Do you take any special diets?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a clear idea of what "healthy" food is?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like some dietary advice?	<input type="checkbox"/>	<input type="checkbox"/>

Exercise

Do you exercise regularly?	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------	--------------------------	--------------------------

Yes No

Do you exercise more than 30 mins twice a week?

Health Factors

Marital status

Housing – please tick

Privately owned

Single

Rented

Married

Council

Divorced

Sheltered accommodation

Widowed

Other

Other

Yes No

Do you have any children?

Number of boys _____

Number of girls _____

Family History

Have your parents, brothers or sisters suffered with any of the following?

TB

Asthma

Diabetes

High blood pressure

Jaundice

Heart problems

Glaucoma

Cancer

Any other illness

Please state _____.

Ladies continue to complete next page

Gentlemen please remember to bring the following with you

- **Specimen of urine in a clean container**
- **Medication taken at present**

Thank you for completing this form

WOMENS HEALTH

Have you had a cervical smear test? Yes No
Date of last cervical smear _____.
Please bring any records of past cervical smear test

Have you had a mammogram?
Date of mammogram _____.

Do you use contraception?

If yes please indicate

Pill

Coil

Sheath

Cap

Sterilisation

Are you pregnant

Have you suffered any
still births

miscarriages

Any other please state _____.

Please bring the following with you

- **Specimen of urine in a clean container**
- **Medication taken at present**

Thank you for completing this form

To be completed by the nurse or doctor

B/P / Urinalysis glucose _____ protein _____

Height _____ m

Weight _____ kg

Pulse _____

Waist circumference _____

If over 75

Clinics

Mobility

Asthma

Hearing

COPD

Visual problems

Diabetic

Other

Hypertension

Immunisations/vaccination

Diet Advice

Tetanus

Polio

Contraception

Other

IUCD

DEPO

Comments

We are collecting data on behalf of the Welsh Assembly Government (and the Department of Health) on the ethnicity of patients registering with the NHS.

The experience of the UK census means that there are nationally used ethnic categories that have been thoroughly tested and that are known to be acceptable to the majority of the population.

If you do not wish to provide this information, please tick the box “Information refused”.

Please tick one

- | | |
|---|--------------------------|
| Bangladeshi/ Bangladeshi or British Bangladeshi | <input type="checkbox"/> |
| Black African & White/ White & Black African | <input type="checkbox"/> |
| Black African/ African | <input type="checkbox"/> |
| Black Caribbean & White/ White & Black Caribbean | <input type="checkbox"/> |
| Black Caribbean/ Caribbean | <input type="checkbox"/> |
| Black other non-mixed/ Other Black background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Indian/ Indian or British Indian | <input type="checkbox"/> |
| Information refused – ethnic group not given | <input type="checkbox"/> |
| Other Asian ethnic group/ Other Asian background | <input type="checkbox"/> |
| Other ethnic Asian & White/ White Asian | <input type="checkbox"/> |
| Other ethnic group/ Other | <input type="checkbox"/> |
| Other ethnic other mixed origin/ Other mixed background | <input type="checkbox"/> |
| Other White/ Other White background | <input type="checkbox"/> |
| Pakistani/ Pakistani or British Pakistani | <input type="checkbox"/> |
| White British/ British or mixed British | <input type="checkbox"/> |
| White Irish/ Irish | <input type="checkbox"/> |