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_____

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

If so give date _____

		Yes	No
Allergies	Are you allergic to any drugs?	☐	☐

If so what _____.

Please list any other allergies eg: Hayfever, animals etc

Personal Health

Occupation

Unemployed	☐	Retired	☐
Fulltime	☐	Part-time	☐

Smoking	Yes	No	Quantity daily
Do you smoke?	☐	☐	☐
Pipe	☐	☐	☐ enter oz per week
Cigarettes	☐	☐	☐
Cigars	☐	☐	☐

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	☐
Pints of cider	☐
Glasses of wine	☐
Pub measures of spirits	☐

Dietary Habits

	Yes	No
Do you take any special diets?	☐	☐
Do you have a clear idea of what "healthy" food is?	☐	☐
Would you like some dietary advice?	☐	☐

Exercise

Do you exercise regularly?	☐	☐

	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

	Yes	No
Have you had a cervical smear test?	☐	☐

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	☐	Are you pregnant	☐	☐
Coil	☐			
Sheath	☐	Have you suffered any		
Cap	☐	still births	☐	☐
Sterilisation	☐	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_____

<u>If over 75</u>

Mobility

Hearing

Visual problems

Other

<u>Clinics</u>

Asthma

COPD

Diabetic

Hypertension

<u>Immunisations/vaccination</u>

Tetanus

Polio

Other

<u>Diet Advice</u>

<u>Contraception</u>

IUCD

DEPO

<u>Comments</u>

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	☐
Black African & White/ White & Black African	☐
Black African/ African	☐
Black Caribbean & White/ White & Black Caribbean	☐
Black Caribbean/ Caribbean	☐
Black other non-mixed/ Other Black background	☐
Chinese	☐
Indian/ Indian or British Indian	☐
Information refused – ethnic group not given	☐
Other Asian ethnic group/ Other Asian background	☐
Other ethnic Asian & White/ White Asian	☐
Other ethnic group/ Other	☐
Other ethnic other mixed origin/ Other mixed background	☐
Other White/ Other White background	☐
Pakistani/ Pakistani or British Pakistani	☐
White British/ British or mixed British	☐
White Irish/ Irish	☐