Drs Collins Carragher & Neal

Health Questionnaire

**To the Patient**

Please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Name ……………………………………………………………………. Date of Birth ………………………………………..

Mobile number …………………………………………………….. Email ……………………………………………………

Weight…………………………………………………………………….Height…………………………………………………..

Blood Pressure checked in the last 10 years? Yes/No

Tetanus jab in the last 10 Years? Yes/No

Cholesterol checked in the last 2 years ? Yes/No

Occupation …………………………………………………………………………………………………………………………….

**Smoking**

Do you smoke? Yes/No If yes, how many per day? …………………………………………………..

If you smoke how old were you when you started ? …………………………………………………………….

**Ex- Smokers**

If you used to smoke, how old were you when you stopped? ………………………………………………..

If you used to smoke, how many did you smoke per day ? …………………………………………………….

**Passive Smoking**

Are you exposed to smoke at work? Yes/No At Home Yes/No

**Alcohol**

How many units of alcohol do you drink each week ? ……………………………………………………………

(I unit = half pint of beer, 1 glass of wine or a pub measure of spirit)

**Diet**

Do you have a varied diet including milk, meat and vegetables? Yes/No

Exercise

How many minutes do you exercise for a time?......................How many times per week ?

**Medical History**

Do you have any of the following:

Diabetes ………….. Stroke ………………Hypertension …………………. Asthma ……………………….

Coronary Heart Disease ………………………………. C.O.P.D …………………………….

If so which medication do you currently use ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Family History**

Is there any of the following in your family (father,mother,brother or sister) before the age of 65 ?

Heart Disease Yes/No Which family member ………………………………………………………………

Stroke Yes/No Which family member ……………………............................................

Cancer Yes/No Which family member ……………………………………………………………..

**Carers**

Do you need/have anyone who looks after you or your daily needs as a carer? Yes/No

If yes would you like them to deal with your health affairs here Yes/No

Do you care for anyone else ? Yes/No

**Ethnicity**

White British Caribbean Indian Chinese

White Irish Pakistani African Bangladeshi

White & Black White & Asian Any other (please specify)

Our contact email : [lower.stondon@nhs.net](mailto:lower.stondon@nhs.net)

Thank you for completing this questionnaire