

SHAWLANDS SURGERY
HEALTH SCREENING QUESTIONNAIRE

YOUR PERSONAL DETAILS

SURNAME _____ **FORENAMES** _____

DATE OF BIRTH _____ **PHONE NUMBER** _____

ETHNIC ORIGIN _____ **MARITAL STATUS** _____

OCCUPATION _____

**NEXT OF KIN
- NAME AND
CONTACT
INFO** _____

**PREVIOUS
G.P.** _____

HEIGHT _____ **WEIGHT** _____

FAMILY HISTORY

Have any of your parents, brothers or sisters suffered from any hereditary diseases, such as heart disease, asthma, high blood pressure, diabetes, stroke or epilepsy? (Please give details)

Are you aware of any other family tendency to illness?

Are you a Carer? If so, who do you care for?

Are you cared for? If so, by whom?

SOCIAL HISTORY

1. Do you currently smoke (cigarettes, pipe, cigars)?

If yes, how many per day?

If you are an ex-smoker, when did you stop?

2. Do you drink alcohol?

If so, how many units do you normally have per week? (1 unit = ½ pint beer/1 small glass of wine/1 small pub measure of spirits)

MEDICAL HISTORY

1. Have you had any operations or serious illnesses? (Please give approximate dates & details)

2. Are you currently attending any hospital clinics or your GP? (Please give details)

3. Are you currently taking any medication? (Please list below)

4. Are you allergic to any medication? (Please list below)

5. When did you last have a: Tetanus / diphtheria vaccination?

Polio vaccination?

Cervical smear test? (females only!)

Thank you for your help