

Oakview Family Practice (Patient Questionnaire)

To complete your registration you need to be seen by your nurse for an informal chat about your health.

It is of enormous benefit to the Doctor to know something about your medical background when you come to the surgery. We may not receive your medical records for sometime and it enables us to provide you with a better service if you are willing to provide us with some information about your health. If you have difficulty with this our nurse will be pleased to help.

Information about your health:

NAME: _____ ADDRESS: _____

POST CODE: _____ MARITAL STATUS: _____

OCCUPATION: _____ NEXT OF KIN: _____

Please list any illnesses, injuries or operations (with dates)

Are you currently attending hospital or doctor/medical practitioner elsewhere?

Are you receiving any medical treatment, drugs or herbal remedies at present? Please list or attach repeat prescription tear off.

Have you ever had psychiatric problems? E.g. depression/mental illness? Please give details.

Are you allergic to any drugs? Please give details.

Family Health:

Do you have a family history of any of the following? If yes please note which relative.

Angina/heart attack

Stroke

High cholesterol

Asthma

Diabetes

High blood pressure

Cancer (if so what type)

Life Style:

- Do you smoke? Yes/No. If yes, how many per day?
- Do you take at least 30min exercise a week? Yes/No.
(This includes walking, housework, physical employment).
- Do you take at least 20min of aerobic (intensive) exercise 3 times a week? Yes/No.
- How much alcohol do you drink in a normal week?

Sexual Health:

- Smear test Yes/No Date Result (most recent)
- Are you using contraception Yes/No which sort?
- Hysterectomy Yes/No
- Are you on HRT? Yes/No
- Do you check your breasts for lumps? Yes/No
- Do you consider yourself at risk of HIV/AIDS/HEPATITIS? Yes/No

Vaccinations:

- Have you had any vaccinations, including those for travel in the last 10 years? Please list with dates.

Questions

Is there anything about your health, lifestyle that worries/concerns you?

If you have any vaccinations or other relevant medical records e.g. prescriptions list, travel card etc. Please bring these with you.