Health questionnaire for new patients

|  |  |
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| **your full name** | |
| C:\Rich\images & symbols\image store\my name.png | ...........................................................................  female male |
| **your address** | |
| C:\Rich\images & symbols\image store\my address.png | ...........................................................................  ...........................................................................  ........................................................................... |
| **your postcode** | |
| C:\Rich\images & symbols\image store\postcode.JPG | ........................................................................... |
| **your phone number(s)** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Phone-Number-Home_large.png?v=1431178696  https://cdn.shopify.com/s/files/1/0606/1553/products/Phone-Number-Mobile_large.png?v=1431178638 | home..................................................................  mobile.................................................................  work.................................................................... |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Birthday_large.png?v=1417857296 **your date of birth** | |
|  | ........................................................................... |
| **married or single** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Rings_large.png?v=1417856296 | I am married..........................................  I have a partner (not married)...............  I am single............................................. |

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| **do you have a job?** | |
| C:\Rich\images & symbols\image store\jobs.png | yes no  my job is............................................................. |
| **how much do you weigh?** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Scales_large.png?v=1417857516  pounds | stone  2  kg |
| **how tall are you?** | |
| C:\Rich\images & symbols\image store\post 10feb17\height 2.pngC:\Rich\images & symbols\image store\post 10feb17\height.png  inches | feet  cm |
| **your blood pressure** | |
|  | ........................................................................... |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Birth-Place_large.png?v=1431180194 **your place of birth (town | country)** | |
|  | ...................................**|**........................................ |
| **languages you speak** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Languages_large.png?v=1421943984 | your first language..............................................  other language(s)................................................  ............................................................................ |



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| **your ethnicity (where your family is from)** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Map-World_large.png?v=1494415108 | ........................................................................... |
| **do you need an interpreter?** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Languages_large.png?v=1421943984 | yes no |
| **if you are** **under 16 years old** | |
| C:\Rich\images & symbols\image store\post 10feb17\name parents.pngC:\Rich\images & symbols\image store\post 10feb17\parents.png | name of your parent(s) or carer(s)  ........................................................................... |
| **their relationship to you** | |
| C:\Rich\images & symbols\image store\post 10feb17\relationship parents.png | ......................................................................... |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Classroom_large.png?v=1417847857 **the name of your school** | |
|  | ........................................................................... |
| **if you are over 16 years old** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/HIV-Virus_large.png?v=1422881848 | you can have an HIV test – would you like to have one?  yes no |



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If yes, please let reception know and tell them if you would prefer to have the test at the Royal Free or the Whittington Hospital

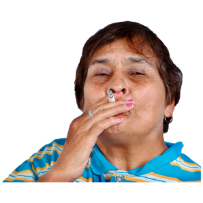
* They will fill out a **blood test form** for you
* Take it the hospital you’ve chosen between **9am** and **4.30pm**, **Monday** to **Friday**, and they will take blood for the test

|  |  |
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| **if you are over 16 years old** | |
| C:\Rich\images & symbols\image store\post 10feb17\sexual health test.jpg | you can have a sexual health test – would you like to have one?  yes no  If yes, please ask reception to book this with the nurse |
| **if you are over 75 years old** | |
| C:\Rich\images & symbols\image store\pensioners.JPG | you can have a health check – would you like to have one?  yes no  If yes, please ask reception to book this with the doctor and health care assistant (HCA) |
| C:\Rich\images & symbols\image store\post 10feb17\next of kin.png **next of kin details** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Telephone-Blue_large.png?v=1417857576 | name of your next of kin  ...........................................................................  their contact details  ........................................................................... |
| **their relationship to you** | |
|  | ......................................................................... |

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| **do you smoke?** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Ashtray_large.png?v=1417848667 | yes no |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Cigarettes_20_large.png?v=1417848761 **if yes, how many do you smoke?** | |
|  | cigarettes per day.............................  cigars per day...................................  other (e.g. pipe)................................. |
| **at what age did you start smoking?** | |
|  | years old |
| **ex-smokers** | |
| **at what age did you stop smoking?** | |
|  | . years old |
| **how many did you smoke per day?** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Cigarettes_20_large.png?v=1417848761 | ................................................................. |
| **passive smoking** | |
| **do people smoke around you?** | |
|  | at work yes no  at home yes no |

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| **diet**  6 | |
| **do you add salt to your food after cooking?** | |
|  | yes no |
| **do you have a varied diet that includes** | |
| **milk, meat, vegetables and fruit?** | |
| C:\Rich\images & symbols\image store\post 10feb17\healthy diet.png | yes no |
| **has your cholesterol been checked in the** | |
| C:\Rich\images & symbols\image store\post 10feb17\cholesterol.png **last 2 years?** | |
|  | yes no |
| **exercise** | |
| **do you take regular exercise?** | |
|  | yes no |
| **if yes, what kind of exercise?** | |
|  | ................................................................. |
| C:\Users\socrl00\Downloads\Timetable_Blank_1024x1024.png **how many times per week?** | |
|  | ................................................................. |
| **allergies – are you allergic to anything?** | |
| **(for example, food, medicines, bee stings)** | |
|  | yes no |
| **if yes, please give details below** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Blow-Nose-Tissue_large.png?v=1417848701 | .................................................................  .................................................................  .................................................................  ................................................................. |
| **alcohol** | |
| **alcohol unit information** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Lager_large.png?v=1417848336 | 1 pint of beer or lager or cider = **2 units** |
| C:\Rich\images & symbols\image store\post 10feb17\alcopop.pnghttps://cdn.shopify.com/s/files/1/0606/1553/products/Beer-Can_large.png?v=1417848085 | 1 alcopop or 1 can of lager = **1½ units** |
| C:\Rich\images & symbols\image store\post 10feb17\wine red glass.PNG | 1 glass of wine (175ml) = **2 units** |
| C:\Rich\images & symbols\image store\post 10feb17\spirits.png | 1 single measure of spirits = **1 unit** |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Wine_Red_large.png?v=1417848567 | 1 bottle of wine = **9 units** |



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| --- | --- | --- | --- | --- | --- | --- |
| **follow along the row to work out your score for each question and add this number to the last column** | **working out your score** | | | | | **your score** |
| **0** | **1** | **2** | **3** | **4** |
| how often do you have a drink that has alcohol in it? | never | once a month or less | 2-4 times per month | 2-3 times per week | 4+ times per week |  |
| how many alcoholic drinks do you have on a normal day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-8 | 10+ |  |
| how often do you have 6 or more alcoholic drinks on 1 occasion? | never | less than once a month | once a month | once a week | everyday or nearly everyday |  |
| how often in the last year have you found that you couldn’t stop drinking once you’d started? | never | less than once a month | once a month | once a week | everyday or nearly everyday |  |
| how often in the last year have you not managed to do what you were supposed to do because of drinking? | never | less than once a month | once a month | once a week | everyday or nearly everyday |  |
| has a family member/friend/doctor or worker been worried about your drinking or asked you to drink less? | no |  | yes but not in the last year |  | yes, during the last year |  |

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if your score is **5 or more**, you may be drinking too much alcohol

|  |  |
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| **please tell us about any medicines you**  9 | |
| **take (whether or not these are prescribed)** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Medicine_Blisterpack_large.png?v=1417849324  https://cdn.shopify.com/s/files/1/0606/1553/products/Medicine_large.png?v=1417849321 | name of medicine............................................  dosage (amount you take)...............................  name of medicine............................................  dosage.............................................................  name of medicine............................................  dosage.............................................................  name of medicine............................................  dosage.............................................................  name of medicine............................................  dosage............................................................. |
| **female patients only** | |
| **date of your most recent cervical smear** | |
| Image result for cervical smear | ........................................................................ |
| **where did you have the smear test done?** | |
|  | ........................................................................ |
| **what was the result of the smear test?** | |
| C:\Rich\images & symbols\image store\test results 2.png | normal abnormal |
| **pregnancy - please tell us about any** | |
| **complications, miscarriages, terminations** | |
|  | .........................................................................  .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |
| **what contraception are you using now?** | |
|  | ................................................................. |



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| **carers – do you have or need a carer?** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Group-32_large.png?v=1417855024 | yes no |
| **if yes, would you like your carer to deal** | |
| **with your health matters at the GP’s?** | |
| **(the receptionist can help arrange this)** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/GP_Doctor-3_large.png?v=1417849068 | yes no |
| **are you a carer for anyone else?** | |
|  | yes no  if yes, ask the receptionist about support for carers |

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| --- | --- | --- | --- | --- |
| **record of vaccination dates** | | | | |
|  |  | | | |
| **type of vaccination** | **1st** | **2nd** | **3rd** | **booster** |
| Diptheria/Polio/HIB |  |  |  |  |
| Meningitis C |  |  |  |  |
| BCG |  |  |  |  |
| MMR |  |  |  |  |
| **if MMR was given separately, please list details below** | | | | |
| Measles |  |  |  |  |
| Mumps |  |  |  |  |
| Rubella (German Measles) |  |  |  |  |
| Tetanus |  |  |  |  |
| Typhoid |  |  |  |  |
| Yellow Fever |  |  |  |  |
| Cholera |  |  |  |  |
| Hepatitis A |  |  |  |  |
| Hepatitis B |  |  |  |  |
| Hepatitis C |  |  |  |  |
| **please tell us about any other vaccinations below** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| **your medical history** | |
| **have you ever been admitted to hospital?** | |
|  | yes no |
| **what were you in hospital for?** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Visiting-Hours_98bf4217-1452-424d-8a38-d3cc22cbf285_large.png?v=1494175527 | .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |
| **please tell us about any treatment you’ve had for chronic (long-term) conditions** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Years_ead675fe-654b-458a-be20-a431e65d9d45_large.png?v=1487798311 | .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |



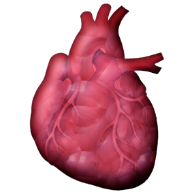
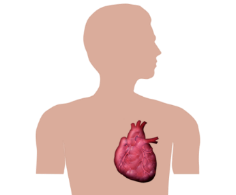
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| **X-rays, scans, ultrasound, mammogram** | |
| **Please give dates below** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/X_Ray_large.png?v=1417849681  **X-rays** | .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |
| https://cdn.shopify.com/s/files/1/0606/1553/products/MRI_Scan_Patient2_large.png?v=1417849345  **MRI scans** | .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |
| https://cdn.shopify.com/s/files/1/0606/1553/products/CT_Radiographer2_large.png?v=1417848790  **CT scans** | .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |
| C:\Rich\images & symbols\photosymbols CLDS\health\mammography.jpg  **Mammogram** | .........................................................................  .........................................................................  .........................................................................  .........................................................................  ......................................................................... |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Ultrasound3_large.png?v=1417849589  **Ultrasound** | .........................................................................  ......... ................................................................  .........................................................................  .........................................................................  ......................................................................... |

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| **your family history** | |
| **is there any of the following in your family (mother, father, sister, brother) before the age of 65?** | |
|  | |
| **heart disease (heart attacks, angina)** | |
|  | yes no  which family member?....................................... |
| **stroke** | |
| C:\Rich\images & symbols\image store\stroke.jpg | yes no  which family member?....................................... |
| **asthma** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Asthma_Inhaler_large.png?v=1417848671 | yes no  which family member?....................................... |
| **diabetes** | |
| C:\Rich\images & symbols\photosymbols CLDS\health\diabetes.jpg | yes no  which family member?....................................... |
| **cancer** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Cancer_large.png?v=1422881792 | yes no  which family member?....................................... |

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| --- | --- |
| **high blood pressure** | |
|  | yes no  which family member?....................................... |
| **tuberculosis (TB)** | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Lungs-2_large.png?v=1417847346 | yes no  which family member?....................................... |
| **other serious illness** | |
|  | yes no  which family member?.......................................  what illness?...................................................... |

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Thank you for filling in this health questionnaire

* Please book an appointment for a **new patient health check** with the health care assistant (HCA)
* After you have registered, please ask reception to give you patient **online access** details