

Wollaton Park Medical Centre

Confidential Medical Questionnaire

Welcome to the practice. Please help us by completing as much of this questionnaire as possible.

| | | |
|------------|--------------|-----------------------------------|
| Name: | Male/Female: | Date of Birth: Place of Birth: |
| Address: | | |
| | | |
| Post Code: | Landline: | Mobile: |

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|--------------------|
| Current GP's Name: |
| Medical Centre: |
| |
| NHS Number: |

Personal History

Have you ever had any of the following?:

| | | | | | | | |
|---------------------|--------------------------|-----------------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|
| Any Serious Illness | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> | Migraine | <input type="checkbox"/> |
| Heart Problems | <input type="checkbox"/> | Psychiatric Treatment | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | Blood Disorder | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Any Allergic Reaction | <input type="checkbox"/> | Anxiety Attacks | <input type="checkbox"/> | Surgical Operation | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Tropical Disease | <input type="checkbox"/> | Hay Fever | <input type="checkbox"/> | Skin Problems | <input type="checkbox"/> |
| Serious Depression | <input type="checkbox"/> | Any Disability | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | Fits or Fainting | <input type="checkbox"/> |

If any of the above conditions or any other medical problem still trouble you then please give details below:

Immunisations: *please give approximate dates*

| | |
|----------|----------|
| Tetanus: | Polio: |
| TB: | Rubella: |

Lifestyle:

| | |
|---|--|
| Have you ever smoked? YES/NEVER | If YES how much do you smoke each day? |
| How much alcohol do you drink each week?: | |
| Height: | Weight: |
| How often do you exercise? Everyday <input type="checkbox"/> Once a Week <input type="checkbox"/> Not Often <input type="checkbox"/> | |
| Describe your diet <i>e.g. vegetarian, normal etc</i> | |
| Are you allergic to any drugs? | |
| Have you ever lived or worked abroad? | Yes/No |
| Have you ever had a blood transfusion abroad? | Yes/No |
| Do you have any allergies? | |
| Is there anything in your lifestyle that might have put you at risk of HIV/Hepatitis B? | |
| Has anyone in your immediate family had: Diabetes <input type="checkbox"/> Hepatitis B/C <input type="checkbox"/> HIV <input type="checkbox"/> | |
| Tuberculosis <input type="checkbox"/> Heart Attack/Stroke before the age of 60 <input type="checkbox"/> High Cholesterol <input type="checkbox"/> | |

Ladies Only:

| | |
|----------------------------------|-----------------------------------|
| When did you last have a smear?: | Are you using any birth control?: |
|----------------------------------|-----------------------------------|

Please indicate your ethnic group by circling the appropriate group number

| Group No | Group | Category | Code Set 2 |
|----------|-------------------------|----------------------------|------------|
| 1 | White | British | 9i0.. |
| 2 | White | Irish | 9i1.. |
| 3 | White | Any other White background | 9i2.. |
| 4 | Mixed | White and Black Caribbean | 9i3.. |
| 5 | Mixed | White and Black African | 9i4.. |
| 6 | Mixed | White and Asian | 9i5.. |
| 7 | Mixed | Any other mixed background | 9i6.. |
| 8 | Asian or Asian British | Indian | 9i7.. |
| 9 | Asian or Asian British | Pakistani | 9i8.. |
| 10 | Asian or Asian British | Bangladeshi | 9i9.. |
| 11 | Asian or Asian British | Any other Asian background | 9iA.. |
| 12 | Black or Black British | Caribbean | 9iB.. |
| 13 | Black or Black British | African | 9iC.. |
| 14 | Black or Black British | Any other Black background | 9iD.. |
| 15 | Other Ethnic Groups | Chinese | 9iE.. |
| 16 | Other Ethnic Groups | Any other ethnic group | 9iF.. |
| 17 | Ethnic Group Not Stated | Ethnic category not stated | 9iG.. |