

TAIN AND DISTRICT MEDICAL GROUP

MEDICAL QUESTIONNAIRE FOR NEWLY REGISTERED PATIENTS

DATED.....

Please complete fully -

TITLE -	DATE OF BIRTH -
SURNAME -	OCCUPATION -
FORENAME -	NEXT OF KIN -
ADDRESS -	NEXT OF KIN CONTACT NUMBER -
POSTCODE -	ETHNIC GROUP (SEE OVERLEAF) -
LANDLINE and MOBILE -	FIRST LANGUAGE -
EMAIL ADDRESS -	INTERPRETER NEEDED?

HEIGHT -	WEIGHT -
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Have you every suffered from any of the following? (tick as appropriate) -			
<i>Condition -</i>	<i>Year started -</i>	<i>Condition -</i>	<i>Year started -</i>
High blood pressure		Diabetes	
Heart attack/stroke		Asthma/COPD	
Irregular heart rate		Gout	
Cancer		Osteoporosis	
Epilepsy		Coeliac disease	
Thyroid problems		Rheumatological problems	
Kidney disease		Inflammatory bowel disease	
Liver disease		Mental health problems	

Apart from those listed above, please list any other current/past SERIOUS operations/illnesses/accidents/disabilities and the year these happened/started?	
<i>Current/Past SERIOUS operations/illnesses/accidents/disabilities</i>	<i>Year -</i>
1	
2	
3	
4	
5	

Do you have any current mental health issues ?	<i>Year started -</i>
1	
2	

Are you on any regular medication at present? Please complete or provide a repeat prescription slip -		
<i>DRUG NAME</i>	<i>DOSE</i>	<i>DATE STARTED</i>
1		
2		
3		
4		

Do you have any allergies? Please list the item and the reaction type (eg rash, anaphylaxis etc)	
<i>ITEM</i>	<i>REACTON TYPE</i>
1	
2	
3	

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FAMILY MEDICAL HISTORY - Please state any serious illness, please state your relationship to the individual and in the case of cancer, the type of cancer

	Cancer	Heart disease	Stroke	High Blood pressure	Diabetes	Any inherited disease
Relationship –						

SMOKING -

NEVER SMOKED	EX SMOKER – WHEN STOPPED?	CURRENT SMOKER ->	How many cigarettes per day?	How many cigars per day?	How many ounces of tobacco per day?	How much nicotine based vape per day?

ALCOHOL - 1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits -

	NEVER	DAILY	WEEKLY	LESS THAN MONTHLY	MONTHLY
MEN: How often do you have EIGHT or more drinks on one occasion?					
WOMEN: How often do you have SIX or more drinks on one occasion?					
How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
How often during the last year have you failed to do what was normally expected of you because of drinking?					
In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?					

MISCELLANEOUS BUT IMPORTANT INFORMATION – Please complete if applies to you

Do you have a carer?	Details -
Are you an unpaid carer?	Details -
Do you have a POA?	Details -
Do you have a Guardian?	Details -
Do you have an AWI certificate?	Details -
Do you have a living will?	Details -
I agree that I may be contacted from time to time, via email and/or SMS, with practice news, advice about my health and/or appointment reminders	Yes - No -