

THE IVERS PRACTICE

Adult Medical Health Questionnaire

NHS Number: (You can get this from your previous GP if you do not know your NHS number)	
Title (Mr/Mrs/Miss/Ms)	
Forename: (As seen on passport/Birth Certificate)	
Surname: (As seen on passport/Birth Certificate)	
Previous Surname: (If different)	
Date of Birth	
Place of Birth	
Date of entry to the UK If from abroad	
Religion	
Marital status	
Ethnicity Please state: white British, white Irish, Indian, Pakistani, Asian, Black African, Black Caribbean, Black mixed, other)	
Country of Birth	
Main Language	
Do you Require an Interpreter	
Home Address	Postcode:
Previous Home Address	Previous postcode:
Telephone Number	Home: Mobile:
Email Address	

Emergency Contact

Full Forename	
Full Surname	
Contact Number	
Home Address	
	Postcode:

Would you like us to discuss your medical records with your emergency contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the relationship between you and your emergency contact?	

Lifestyle

Smoking (please tick)	<input type="checkbox"/> I have never smoked <input type="checkbox"/> I used to smoke (write the date you stopped and how many cigarettes you smoked.....) <input type="checkbox"/> I am a current smoker (please write how many cigarettes you smoke in a day.....) What kind? (Cigars, Cigarettes, <input type="checkbox"/> I am a current smoker and would like help to stop smoking				
How often do you have a drink that contains alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2-4 times per month	<input type="checkbox"/> 2-3 times per week	<input type="checkbox"/> 4+ times per week
How many units of alcohol do you have on a typical day when you are drinking? (1pint =2 units minimum)	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10+

Exercise

Do you regularly exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what sort of exercise?	
On average, how many hours per week?	

Vaccinations and Immunisations:

Immunisations	Year	Immunisations	Year
Tetanus		1 st MMR	
Typhoid		2 nd MMR	
Hepatitis A		Yellow fever	
Polio		Hepatitis B	

Medical Background:

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Conditions	Yes	No		Date
High Blood Pressure	Yes	No	(please add appropriate date of diagnosis if known)	
Heart Attack or Angina	Yes	No	(please add appropriate date of diagnosis if known)	
High Cholesterol	Yes	No	(please add appropriate date of diagnosis if known)	
Stroke	Yes	No	(please add appropriate date of diagnosis if known)	
Diabetes	Yes	No	(please add appropriate date of diagnosis if known)	
Asthma	Yes	No	If Asthmatic, have you used your inhaler in the past 12 months?	
Depression	Yes	No	(please add appropriate date of diagnosis if known)	
Cancer	Yes	No	(please add appropriate date of diagnosis if known)	

Allergies:

Are you allergic to anything? (Specific medicines or foods i.e. penicillin or aspirin)

Name of Medication	What was the problem or reaction?

Medication: (please list all the medications you are taking or if you have a copy of your repeat medication, you can attach this) Please continue on separate sheet if necessary.

Name of medication	Dose	What are you taking it for

Please nominate a Pharmacy where the surgery can send your prescription via EPS:

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Family Medical background

Are there any serious diseases that affect your Parents, Brothers or Sisters?

E.G. Diabetes, Heart Attack, bowel cancer, breast cancer, high BP, asthma, Stroke, Thyroid disorder or any other illness

Illness/condition	Family Member	Age Diagnosed

Female patients only

When was your last smear done?	Date	Was this at your GP Surgery? Please delete as appropriate	Yes / NO
What was the result of the smear?			
Date of last mammogram? (if applicable)			
Method of contraception (if used)			
Do you wish to see someone for contraceptive service? (including the pill, coil or cap)		Yes / No	

Registration and catchment area

I understand that: <ul style="list-style-type: none">• It is my responsibility to arrive for appointments on time and that persistently missing/arriving late for appointments will lead to my deduction (removal from the Ivers Practice)• It can take up to two weeks for my registration form to be processed: longer if this is the first time I am registering with the NHS• If I am registering a child under 16 years of age, I will need to provide a list of their immunisations with this form. If I fail to give the list, the child may not be registered or this may cause delay with their registration process• If I do move outside of the practice catchment area, I will find a GP practice nearer to my new home immediately. I understand that if I do move outside the catchment area, within the moving process I will not be able to get any home visits from the Ivers Practice at my new address	
Signature	
Date	

Internal use only

Name of person checking form	
Date form details checked	
Online Emis access given to the patient – tick when done (Need NHS number – if patient does not have an NHS number; keep form until it is available)	