TAIN AND DISTRICT MEDICAL GROUP

MEDICAL QUESTIONNAIRE **DATED** _____

NAME..... DATE OF BIRTH.....

ADDRESS.....

TELEPHONE NUMBER .....

1. What are your current family circumstances .....

Next of Kin: ..... Relationship: .....
(Enter in vision consultation manager contacts)

2. What is your current employment status.....

3. What problems do you have with your health at the moment?

	Illness/Problem	Date First Started
1.		
2.		
3.		
4.		
5.		

4. What problems have you had with your health in the past?

	Illness/Problem	Date
1.		
2.		
3.		
4.		
5.		

5. FOR FEMALE PATIENTS

A. Have you had ANY pregnancies in the past? What was the outcome?
Please include any miscarriages or abortions.

	Date of Delivery	Type of Delivery (*Normal/Section/Forceps*)	Boy/Girl	Weight
1.				
2.				
3.				
4.				
5.				

B. Have you had a cervical smear (scraping from the neck of the womb) done? YES/NO

Date of last smear.....

PLEASE TURN OVER FOR CONTINUATION OF MEDICAL QUESTIONNAIRE

CONT'D….

6. Are you on any regular medication at present?

	Drug	Dose	Date Started
1.			
2			
3			
4			
5			

7. Have you ever been dependant on any medication? ..... YES / NO

If yes, please specify .....

8. Are you up to date with your immunisations?

Diphtheria.....	Measles.....
Whooping Cough.....	Mumps.....
Polio	Rubella .....
Tetanus	Hib.....
Men C	

9. Do you have any allergies? ..... YES/NO

If yes, please specify? .....

10. Are there any illnesses which run in the family?

Eg Asthma ..... YES/NO
Heart Disease ..... YES/NO
Diabetes..... YES/NO
Hypertension..... YES/NO
Cancer ..... YES/NO
Glaucoma……..... YES/NO
Other..... ……

11. Do you smoke? .....YES/NO .....Number per day…….

12. Do you drink alcohol?.....YES/NO .....Average amount per week……

13. Do you take any form of exercise? ..... YES/NO

Details.....

14. Do you have any special diet?..... YES/NO

Details.....

PLEASE USE THE SPACE BELOW TO MAKE NOTES ABOUT ANY OTHER ASPECT OF YOUR HEALTH YOU MAY WISH TO DISCUSS

It is recommended that all new patients registering with the practice should arrange a health check within 28 days of registration. Please ask at reception for a 20 minute appointment.