

Confidential Health Questionnaire (Student)

www.StMarvysHealth.co.uk

www.facebook.com/SMTHSurgery

Surname Forename

Date of Birth Male Female

Southampton Address

Mobile I consent to receiving reminders & information by SMS text from the surgery: Yes No

Email Address

Only put email if you are happy to receive information by email. If you do not wish to receive these emails please leave blank

| | | |
|-------------|------------------------------------|------------------|
| Next of Kin | NAME: ADDRESS: PHONE NUMBER: | RELATION TO YOU: |
|-------------|------------------------------------|------------------|

Are you a carer: Yes No Or do you have a carer look after you? Yes No

Carers Name and contact phone number

If you would like information on receiving support for carers please ask at reception for a carer information pack

Are you under any other health agencies? Please write

Do you have any ALLERGIES TO MEDICATION? Please list

Tick ANY box or boxes that describe close family (parent/brother/sister) history of:

| | |
|------------------------------------------------|--------------------------|
| Stroke (CVA) | <input type="checkbox"/> |
| High Blood Pressure (Hypertension) | <input type="checkbox"/> |
| Angina/Coronary Heart Disease/Heart Attack <60 | <input type="checkbox"/> |
| Angina/Coronary Heart Disease/Heart Attack >60 | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> |

Smoking

| | |
|--------------------------------------------------------------------|--|
| If you are a SMOKER how many cigarettes do you smoke a day? | |
| If you are an EX-SMOKER what year did you stop smoking? | |
| I have NEVER SMOKED cigarettes or tobacco | |
| I use an ELECTRONIC CIGARETTE | |

| Alcohol | 0 | 1 | 2 | 3 | 4 | Score |
|--------------------------------------------------------------------------------------------------------------------------|-------|-------------------|---------------------|--------------------|--------------------|-------|
| How often do you have a drink that contains alcohol? (circle the answer that best describes your regular drinking habit) | Never | Monthly or Less | 2-4 times per month | 2-3 times per week | 4+ times per week | |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-8 | 10+ | |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or most days | |

PLEASE TURN OVER

Total Score = _____

Please tick one:

| Ethnicity | |
|------------------|-----------------------------------|
| White | British |
| | Irish |
| | Mixed |
| | Other |
| Black | African |
| | British |
| | Caribbean |
| | Mixed |
| | Other |
| Asian | Bangladeshi / British Bangladeshi |
| | Chinese |
| | Indian / British Indian |
| | Pakistani / British Pakistani |
| | Other |
| Mixed | White & Asian |
| | White & Black African |
| | White & Black Asian |
| | White & Black Caribbean |
| Other | Arab |
| | Don't Want To Say |
| | None of the Above (please write) |

| Main Spoken Language | Level of English |
|-----------------------------|-------------------------|
| English | Good English |
| Arabic | Poor English |
| Cantonese | Interpreter Needed |
| Danish | |
| Dari | |
| Dutch | |
| Farsi | |
| Finnish | |
| French | |
| German | |
| Greek | |
| Gurjerati | |
| Hindi | |
| Hungarian | |
| Italian | |
| Japanese | |
| Mandarin | |
| Norwegian | |
| Polish | |
| Portuguese | |
| Punjabi | |
| Romanian | |
| Russian | |
| Somali | |
| Spanish | |
| Urdu | |
| Other (please write here) | |

| Religion | Marital Status |
|----------------------|-----------------------|
| Atheist | Single |
| Buddhist | Married |
| Christian | Separated |
| Church of England | Divorced |
| Hindu | Widowed |
| Islam | Same Sex Couple |
| Jehovah's Witness | Engaged |
| Jewish | Cohabiting |
| Roman Catholic | Other |
| Sikh | |
| Other – please write | |
| Don't Want To Say | |

Do you consider yourself to be:

An Asylum Seeker: YES NO

A Refugee: YES NO

Do you suffer from asthma? YES NO

If yes please inform a receptionist who will give you a respiratory questionnaire to complete

If you are currently taking any **MEDICATION** regularly or have any long term health problems, please could you make an appointment to see the doctor.

New Patients – Please now make an appointment with the nurse for a health check.