

MANOR PARK MEDICAL CENTRE

Health Questionnaire

This document is intended to be completed by patients to provide basic health information.

HEALTH QUESTIONNAIRE

Name: _____ Date of Birth: _____ Mobile: _____

Weight: _____ Height: _____ Occupation: _____

Blood pressure checked in the last 10 years? Yes / No

Tetanus jabs in the last 10 years? Yes / No

SMOKING

Do you smoke? Yes / No If Yes, how many per day? _____

If you smoke, how old were you when you started? _____

EX-SMOKERS

If you used to smoke, how old were you when you stopped? _____

If you used to smoke, how many did you smoke per day? _____

PASSIVE SMOKING

Are you exposed to smoke at work? Yes / No At home? Yes / No

ALCOHOL

How many units of alcohol do you drink each week? _____

(1 unit = half pint of beer, 1 glass of wine, or a pub measure of spirits)

DIET

Do you add salt to your food after cooking? Yes / No

Do you have a varied diet including milk, meat, vegetables and fruit? Yes / No

EXERCISE

How many minutes do you exercise for at a time? _____ How many times per week? _____

FAMILY HISTORY

Are there any serious diseases that affect your Parents, sisters, brother? (Tick below)

Heart Disease (Heart attacks, angina) Yes / No which family member? _____

Stroke Yes / No which family member? _____

Cancer Yes / No which family member? _____

Diabetes Yes / No which family member? _____

Asthma Yes / No which family member? _____

High Blood Pressure Yes / No which family member? _____

Thyroid Disorder Yes / No which family member? _____

CERVICAL SMEAR (For female patients only)

When did you have your last cervical smear? _____

CARER

Are you a carer? Yes / No

Please state the name of the person you care for if they are also registered with us. _____

If you have a carer, please state their name, address and phone number and sign below if you wish us to disclose information about your health to your carer.

Name, address & phone number of your carer:

Signed: _____ Date: _____

TEXT MESSAGING SERVICE

The practice is looking to introduce a text messaging service to help improve our communications with patients and reduce DNAs. Currently, this service will only be used for appointment reminders and for the purpose of health promotions.

Please consent below if you would like to be contacted via email or text messages

- Yes, I can be contacted via email or text messages
- No, I do not wish to be contacted via email or text messages

Please note: text messaging will not be used to discuss any aspect of your personal health

PATIENT PARTICIPATION

The practice is committed to improving the services we provide to our patients. If you are interested in getting involved with the Patient Participation Group that meets here, please ask for PPG application form from reception. If you would like to join the on-line Patient Forum you will be registered using the email addresses you have supplied.

- Yes, I am interested in becoming involved in the Practice Patient Participation Group
- Yes, I am interested in joining the on-line Patient Forum and have supplied an email address on this form

Email address: _____

SUMMARY CARE RECORDS

The NHS is changing the way your health information is stored and managed. The NHS summary care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. An information pack has been provided. Are you happy to have a Summary Care Record?

- Yes
- No