

Newcastle Medical Centre
Strictly Confidential

Part 2: Personal Health Questionnaire

<p>1. Medical Conditions</p> <p>Do you have any current, diagnosed medical conditions? Yes / No (please circle)</p> <p>If yes, please provide details.</p>	
<p>2. Past Medical History</p> <p>Please list any previous illnesses and/or hospital admissions.</p>	
<p>3. Medication</p> <p>Are you currently prescribed any medication, including contraception? Yes / No (please circle)</p> <p>If yes, please provide medication name(s) and dose(s).</p>	
<p>4. Disabilities</p> <p>Do you consider yourself to have any physical or mental disabilities? Yes / No (please circle)</p> <p>If yes, please provide details.</p>	
<p>5. Allergies</p> <p>Do you have any allergies? Yes / No (please circle)</p> <p>If yes, please provide details.</p>	
<p>6. Carer Status</p> <p>Are you a carer, or does someone care for you? Yes / No (please circle)</p> <p>If yes, please provide details.</p>	
<p>Cervical Screening</p> <p>Cervical screening is available to women and people with a cervix aged 25 to 64 years.</p> <p>Have you had cervical screening before? Yes / No (please circle)</p> <p>Date of last cervical screening/...../.....</p> <p>Result: Positive / Negative (please circle)</p>	<p>HPV Vaccination</p> <p>Have you had the HPV vaccine? Yes / No</p> <p>1st dose/...../.....</p> <p>2nd dose/...../.....</p> <p>3rd dose/...../.....</p>

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Part 3: Lifestyle Questionnaire

<p>Smoking Status</p> <p>Do you smoke? Yes / No (please circle)</p> <p>If yes, number of cigarettes per day:</p> <p>If no, have you ever smoked? Yes / No (please circle)</p> <p>When did you quit?/...../.....</p>	<p>Alcohol Consumption</p> <p>Do you drink alcohol? Yes / No (please circle)</p> <p>If yes, weekly alcohol consumption: units</p> <ul style="list-style-type: none"> • 1 pint beer/lager/cider (ABV 3.6%) = 2 units • 1 small measure (25ml) of spirits = 1 unit • A small glass (125ml) of wine = 1.5 units 						
<p>Which best describes your normal exercise pattern (please circle)?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Exercise Impossible</td> <td>Avoid exercise</td> <td>Light exercise</td> <td>Moderate exercise</td> <td>Heavy exercise</td> <td>Competitive athlete</td> </tr> </table>		Exercise Impossible	Avoid exercise	Light exercise	Moderate exercise	Heavy exercise	Competitive athlete
Exercise Impossible	Avoid exercise	Light exercise	Moderate exercise	Heavy exercise	Competitive athlete		
<p>Which best describes your normal eating pattern (please circle)?</p> <table style="width: 100%; text-align: center;"> <tr> <td>High Fat</td> <td>Moderate Fat</td> <td>Low Fat</td> <td>Vegetarian</td> <td>Vegan</td> </tr> </table>		High Fat	Moderate Fat	Low Fat	Vegetarian	Vegan	
High Fat	Moderate Fat	Low Fat	Vegetarian	Vegan			

Part 4: Family History

<p>Does anyone in your family have any of the following medical conditions?</p> <p>1. Heart Disease? Yes / No (please circle) Family member(s)..... Age(s).....</p> <p>2. High blood pressure? Yes / No (please circle) Family member(s)..... Age(s).....</p> <p>3. Stroke? Yes / No (please circle) Family member(s)..... Age(s).....</p> <p>4. Diabetes? Yes / No (please circle) Family member(s)..... Age(s).....</p> <p>5. Asthma? Yes / No (please circle) Family member(s)..... Age(s).....</p>
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Part 5: Summary Care Record

<p>Summary Care Records improve the safety and quality of patient care. Because the Summary Care Record is an electronic record it will give healthcare staff faster, easier access to essential information about you. This helps provide you with safe treatment when you need care in an emergency or when the GP practice is closed. Essential information is medication, adverse reactions and allergies only.</p> <p>Do you want a Summary Care Record? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please ask at reception for an opt-out form.</p>
