

Surname..... Previous surname.....

First name (s).....

Full address.....
.....

Tel: Home..... Mobile.....

Email.....

Date of birth..... Place of birth.....

Marital status..... Ethnic origin.....

Occupation

Next of kin..... Relationship.....

If you are from abroad please give the date you entered the UK.....

GENERAL MEDICAL HISTORY.

Have you had any serious illnesses, operations, X-rays or similar tests?
If so, what and when?

.....
.....

Are you taking any regular medication? Please list them below.

.....
.....

Do you have any allergies?

Do you have any disability needs?

If yes, are your needs: Slight..... Moderate..... Severe

Have you ever been in the British Armed Services? Yes / No

Have you ever smoked tobacco?

Yes / No

If yes, how many per day?

Have you stopped smoking? Yes / No

If yes, when?

How much alcohol do you consume per week?

Wine..... Beer.....Spirits.....

Any other relevant information

FAMILY HISTORY

Which of your blood relations have suffered from the following?

High blood pressure..... Heart Attack.....

Stroke..... Diabetes.....

Cancer..... Asthma.....

Tuberculosis..... Other serious illness.....

FEMALE PATIENTS ONLY

Have you had children? Yes / No Please give ages.....

Have you had any miscarriages or terminations of pregnancy? Yes /No

If yes, please give dates.....

Which method of contraception are you using?

When was your last smear test?

For office use only.

Patient computer number.....

New Patient Medical appointment?

Date/time.....

Doctor appointment?

Date/time.....