THE UNIVERSITY OF NOTTINGHAM HEALTH SERVICE

CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE

Please complete this form, and then ENSURE that you bring it with you when you come to your Health Centre registration session

SURNAME
(Family name)

FIRST NAME
(Given name)

ADDRESS
(whilst in Nottingham)

POSTCODE

DATE OF BIRTH

MOBILE TELEPHONE

COURSE

LENGTH OF COURSE

MALE	FEMALE
SINGLE	MARRIED
NHS Number (if known)	

Please leave blank

Smoking Cessation advice given	
Over 24 smear disclaimer signed	
Ethnicity checked	

Height (cm) ______ Weight (kg) ______

Have you ever smoked YES / NO

Do you still smoke ? YES / NO If YES, number per day ______

Do you drink alcohol ? YES / NO If YES, how many units per week ______ Units
(1 Unit=1 measure spirit / 1 glass wine / ½ pint beer)

CURRENT PERSONAL MEDICAL HISTORY

Have you **currently** any of the following?	YES	NO	Date of onset		
High Blood Pressure					
Atrial Fibrillation					
Heart Disease					
Diabetes				Last HbA1c (if known)	
Asthma				Peak flow (if known)	
Epilepsy				Date of last fit	
Thyroid problems				Date of last blood test	
Chronic Kidney Disease					
Depression				Are you on medication	
Schizophrenia					
Bipolar Affective Disorder (Manic Depression)					

PAST MEDICAL HISTORY

Have you **ever** had	YES	NO	Date of onset
Cancer			
Stroke			
Migraine			
Depression			
Bipolar Affective Disorder			
Schizophrenia			
Depression			
Eating disorder (bulaemia or anorexia)			
Are you a Carer			

PLEASE COMPLETE IMMUNISATION RECORD

Tetanus / Diphtheria & Polio – booster required in the last 10 years : Date of booster ______

Measles /Mumps /Rubella (MMR) – For those aged < 25 two doses required : First dose ______ Second dose ______

Meningitis C – For those aged <25 one dose required since 1999 : Date of vaccination

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Are you allergic to any Medicines YES / NO If YES, please specify ______

Are you currently taking any prescribed medication YES/ NO include inhalers and creams

Name			
Strength			
Dose			

Please give details of any surgical operations (with dates) or serious medical problems (with dates). Do you have a learning disability or any other disability you would like us to know about?

FAMILY HISTORY

	Approx. age if alive	*State of health or cause and age at death*	*Occupation*
Father			
Mother			
Brothers			
Sisters			

			If YES, which member of the family
Has anyone in your family had:	High Blood Pressure	YES / NO	
	Diabetes	YES / NO	
Has anyone in you immediate family suffered a Heart Attack before age 60?		YES / NO	
Has anyone in your immediate family suffered a Stroke before age 60?		YES / NO	

We occasionally contact patients by text messages, to remind them of important appointments, if they need to contact the health centre or to give them results of tests . If you don't wish to be contacted by text message please tick the box ☐

Thank you for completing this form – don't forget to bring it with you to your Health Centre Registration

Ethnicity Data

It is now a requirement that all practices collect full ethnicity data on their patients. This is to enable appropriate planning of health care locally and ensure groups are not discriminated against. Use of the data will always be in an anonymous form.

These are nationally accepted classifications and the only options available. There is an option to decline to provide this information and your care at this practice will not be prejudiced if you choose this option.

Please tick as appropriate and attach securely to your other documents (no space/box has been left for your name to remain anonymous)

White	British or Mixed British
White	Irish
White	Other White background
Mixed	White and Black Caribbean
Mixed	White and Black African
Mixed	White and Asian
Mixed	Other Mixed background
Asian or British Asian	Indian or British Indian
Asian or British Asian	Pakistani or British Pakistani
Asian or British Asian	Bangladeshi or British Bangladeshi
Asian or British Asian	Other Asian background
Black or British Black	Caribbean
Black or British Black	African
Black or British Black	Other Black background
Other Ethnic Groups	Chinese
Other Ethnic Groups	Other
Other Ethnic Groups	Patient prefers not to say