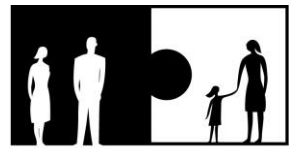


HEALTH QUESTIONNAIRE – ADULTS



Dr Jezierski & Partners
at Sheen Lane

Welcome to our practice. Please complete this form as fully as you can

Date: _____

Full Name: _____ Date of Birth: _____

Address: _____ Tel No _____

Email Address: _____ *Mobile No: _____

Next of Kin: _____ Tel No: _____

Ethnic origin: _____ First spoken language: _____

Do you have any allergies? Y/N? To what?: _____

ALCOHOL : Please indicate in appropriate box

	0	1	2	3	4
How often do you have an alcoholic drink?	Never	Monthly Or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard units of alcohol do you have on a typical day ? (1 standard unit = 1 small glass of wine/half a pint of beer, lager/1measure of spirits	1 or 2	3 or 4	5 or 6	7 or 8	10+
How often do you have 6 or more standard units on any one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

How tall are you? _____ How much do you weigh? _____

Do you smoke? Y/N? How many cigarettes per day? _____

Would you like help to give up? If so please make an appointment with Nurse or the website www.quit.org.uk also gives good advice (please code #8CAL)

> Have you ever smoked? Y/N? How many cigarettes per day? _____

DO YOU HAVE A FAMILY HISTORY OF :

> Heart Disease (IHD)	Y/N	Mother/Father/Sister/Brother	Age of onset _____
> Angina	Y/N	Mother/Father/Sister/Brother	Age of onset _____
> MI (heart attack)	Y/N	Mother/Father/Sister/Brother	Age of onset _____
> Stroke (CVA)	Y/N	Mother/Father/Sister/Brother	Age of onset _____
> High Blood Pressure (Hypertension)	Y/N	Mother/Father/Sister/Brother	Age of onset _____
> Diabetes	Y/N	Mother/Father/Sister/Brother	Age of onset _____

> Are you a carer? Y/N? If Yes, to whom? _____
(A carer is anyone who looks after or helps someone who may be ill, disabled, frail or elderly and who, without help, would not manage to live independently, or in the community)

Updated 11/07/18