Howick Health and Medical Centre **MEDICAL INFORMATION**

Please hand this form to your doctor

Surname:

First Name:

Date of Birth:

Community or high use health card? ☐ Yes ☐ No

1. Do you have any of the following medical problems?

Diabetes	☐ Yes ☐ No
High blood pressure	☐ Yes ☐ No
Heart disease or problems	☐ Yes ☐ No
High cholesterol	☐ Yes ☐ No
Asthma	☐ Yes ☐ No
Other lung or respiratory disease or problems	
Kidney disease or problems	☐ Yes ☐ No
Liver disease or problems	☐ Yes ☐ No
Bowel disease or problems	☐ Yes ☐ No
Joint disease or problems, arthritis	☐ Yes ☐ No
Depression and/or anxiety	☐ Yes ☐ No
Other mental health Illnesses **Any other medical problems not listed above?**	☐ Yes ☐ No

2. Please list any regular medications/over the counter medications that you take:

3. Have you had any operations? ☐ Yes ☐ No
If yes, please list

4. Are you allergic to any medications? ☐ Yes ☐ No
If yes, please list

PLEASE TURN OVER FOR PG 2

5. **Are there any illnesses in your family (see list above) , plus any cancers e.g. breast, bowel, prostate, melanoma?** ☐ Yes ☐ No

If yes, please list

6. **Do you smoke/have you smoked?** ☐ Yes ☐ No

If yes, how many / day for how many yrs ________________

7. **Do you drink alcohol?** ☐ Yes ☐ No

1. How many days in a month do you drink an alcoholic drink? ______________

2. How many standard alcoholic drinks on average do you have when you are drinking (standard drink = 100m l wine, 330ml beer bottle, 1 shot spirits)? ________________

3. How often in a month do you have 6 or more drinks on one occasion? ___________

8. **When was your last Tetanus injection?** ________________

9. **Females if applicable: when was your last cervical smear?**

Abnormal smear in the past and when? ______________________________

10. **Do you agree for the practice to communicate by email with you?**

Yes ☐ No ☐

11. **How did you hear of us?**

Recommendation ☐ Phone book ☐ Sign ☐ Other ………………..

Do you intend to enrol at this practice? Yes ☐ *(ask for form)* No ☐

Signed: _________________________ Print Name: ________________________

Date: __________________________

Please write down what you would like to discuss with the doctor today.

Office chk
No PO Box no
Chk other ph nos –1 mobile no not sufficient
All details entered in appropriate fields in MedTech ie occupation/ethnicity etc
Enrolment form/ practice information sheet given/filled
Enrolled on MedTech?
Casual patients –to Dr but registered pts to Nurse