

**ELM SURGERY
NEW PATIENT HEALTH QUESTIONNAIRE FOR ADULTS & CHILDREN OVER 5 YEARS**

TITLE.....

FORENAME[S]

SURNAME

ADDRESS.....
[Marjon students this will be your campus address]

CONTACT Tel No

OCCUPATION

Do you have?	Yes	No
ASTHMA		
DIABETES		
HEART PROBLEMS		
THYROID PROBLEMS		
HIGH BLOOD PRESSURE		
COPD		

If you have any of the above chronic diseases listed above please make an appointment with a practice nurse for a new patient health check and bring a list of your current medication with you.

If you suffer from Mental Health problems please make an appointment with one of our doctors

Please tick yes or no to the following questions

Questions	Yes	No	Comment/Details
DO YOU SMOKE? If yes say how many in comments box			How many/day?
IF YOU DON'T SMOKE HAVE YOU EVER SMOKED			How many/day? When did you stop?
LADIES 24-65 APPROX DATE OF LAST SMEAR & RESULT			

If you want to stop smoking please make an appointment with our Smoking Cessation Advisor

Please answer the following questions and calculate your score

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

Immunisations and date if known

Tetanus yes/no date

Meningitis C yes/no date

Measles Mumps and Rubella

1st MMR yes/no date

2nd MMR yes/no date

Do you have any drug allergies e.g. penicillin?

Do you have any other allergies?