

MARJON STUDENT HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Surname					
First Name/s					
Date of Birth					
Address (this will be your address on the University Campus)					
Telephone Number/Mobile Number					
Immunisations and date given (approx)	<input type="checkbox"/> Tetanus and Diphtheria (combined injection)			MMR (Measles, Mumps and Rubella 2 injections)	
	<input type="checkbox"/> Meningitis C			Date of 1 st MMR	
Do you have any allergies?		Yes/No	If yes provide details		
Any other medical problems?		Yes/No	If yes provide details		
Do you smoke?		Yes/No	If yes how many cigarettes do you smoke daily?		
Have you ever smoked?		Yes/No	If yes how many cigarettes did you smoke daily		
Would you like advice about stopping smoking?		Yes/No	If yes please make an appointment with our Smoking Cessation Advisor		
Do you have Asthma?		Yes/No	If yes make an appointment with one of our practice nurses		
Do you have Diabetes?		Yes/No	If yes make an appointment with one of our practice nurses		
Do you have mental illness?		Yes/No	If yes make an appointment with one of our doctors		
Are you taking prescribed medicines including the contraceptive pill?		Yes/No	If yes make an appointment with one of our practice nurses		

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