

# Confidential Health Questionnaire

Please hand this form back to the receptionist

[www.StMarysHealth.co.uk](http://www.StMarysHealth.co.uk)  
[www.facebook.com/SMTHSurgery](http://www.facebook.com/SMTHSurgery)

Surname  Forename

DOB  Male  Female  Are you a student? *Tick if yes*

Southampton Address

Mobile  *I consent to receiving reminders & information from the surgery by SMS text: Yes*  *No*

Email Address  *I consent to receiving reminders & information from the surgery by email: Yes*  *No*

Next of Kin *Name, address and relation to you*

Name:	Relation to you:
Address:	
Phone number:	

Are you a carer? YES  NO  ...Or do you have a carer look after you? YES  NO

Carers Name and contact phone number

*If you would like information on receiving support for carers please ask at reception for a carer information pack*

## Please include a list of household members, this includes family

Name	DOB	Relation to you

Please add any more on the back page

School/College if under 18 years of age

Social Worker if you have one

Are you under any other health agencies? Please write

Do you have any ALLERGIES TO MEDICATION? Please list

**PLEASE TURN OVER**

Tick ANY box or boxes that describe close family (parent/brother/sister) history of:

Stroke (CVA)	
High Blood Pressure (Hypertension)	
Angina/Coronary Heart Disease/Heart Attack	
Diabetes	
Cancer	

**Smoking**

If you are a <b>SMOKER</b> how many cigarettes do you smoke a day?	
If you are an <b>EX-SMOKER</b> what year did you stop smoking?	
I have <b>NEVER SMOKED</b> cigarettes or tobacco	
I use an <b>ELECTRONIC CIGARETTE</b>	

**Alcohol**

	0	1	2	3	4
How often do you have a drink that contains alcohol? (circle the answer that best describes your drinking habit)	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per 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 most days

**Total Score =**

**Please tick one:**

Ethnicity	Main Spoken Language	Level of English
White	British	English
	Irish	Arabic
	Mixed	Cantonese
	Other	French
Black	African	Gurjerati
	British	Hindu
	Caribbean	Mandarin
	Mixed	Polish
	Other	Portuguese
Asian	Bangladeshi / British Bangladeshi	Punjabi
	Chinese	Russian
	Indian / British Indian	Somali
	Pakistani / British Pakistani	Swahili
	Other	Urdu
Mixed	White & Asian	Other – Please write below
	White & Black African	
	White & Black Asian	
	White & Black Caribbean	
Other	Arab	
	None of the Above	
	Don't Want To Say	

**PLEASE CONTINUE ON NEXT PAGE**

**Please tick one:**

<b>Religion</b>	<b>Marital Status</b>	<b>Sexual Orientation * OVER 16's ONLY</b>
Atheist	Single	Heterosexual or Straight
Buddhist	Married	Female Homosexual
Christian	Separated	Male Homosexual
Church of England	Divorced	Bisexual
Hindu	Widowed	Other sexual orientation not listed
Islam	Same Sex Couple	Don't know / Not sure
Jehovah's Witness	Engaged	Don't want to say
Jewish	Cohabiting	<i>*This information is being asked due to new Government guidelines and will not affect your treatment in any way</i>
Roman Catholic	Other	
Sikh		
Other – please write		
Don't Want To Say		

**Do you need any assistance communicating with the practice (eg: hearing aid loop, large print letters):**

YES  NO

*If yes please specify:*

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**Do you consider yourself to be:**

An Asylum Seeker: YES  NO

A Refugee: YES  NO

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**If you are from overseas and are under 18 years of age do you have your vaccination history?**

YES  NO  *If yes please bring this in so we can make a copy for your records*

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**Do you suffer from asthma?** YES  NO  *If yes please order any asthma medication before you run out*

If you are currently taking any **MEDICATION** regularly or have any long term health problems, please make an appointment to see the doctor.

**New Patients – Please now make an appointment with the nurse for a health check.**

