

BOUGHTON MEDICAL GROUP PATIENT QUESTIONNAIRE

PERSONAL DETAILS

Date: / /
Title: Surname: First Names:
Sex: Marital Status:
Date Of Birth: / / Age: Occupation:
Address:
.....
.....
Post Code:
Place Of Birth.....Country Of Origin.....
Telephone: Mobile:
Next of Kin: Telephone: Mobile:

PERSONAL MEDICAL HISTORY

Weight: Height:

Are you a carer? Yes / No (Do you care for a family member or friend?)

Do you suffer from?

Heart Attack/Angina	Yes/No	Blood Pressure	Yes/No
Stroke	Yes/No	Mental Illness	Yes/No
Diabetes	Yes/No	Glaucoma	Yes/No
Asthma / COPD	Yes/No	Cancer	Yes/No
Thyroid Problems	Yes/No	Epilepsy	Yes/No

PERSONAL SOCIAL HISTORY

1. Do you smoke? **Yes / Never Smoked / No**

If No, and you smoked in the past, when did you stop?

If Yes, How much do you smoke each day?Cigarettes/Cigars/Pipe:

If you smoke a pipe or roll cigarettes how many ounces do you use per week?

2. Do you take exercise each week? Impossible/None/Light/Moderate/Strenuous/Athlete
(Please circle)

3. Are you allergic to anything Yes / No Drugs:
Other:

FAMILY HISTORY

Has any close relative (brother, sister, parent) suffered from:

Heart Attack	Yes/No	Asthma	Yes/No
Stroke	Yes/No	High Blood Pressure	Yes/No
Diabetes	Yes/No	Raised Cholesterol	Yes/No

ALCOHOL INTAKE

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only Answer the following if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: A total of 3+ indicates hazardous or harmful drinking
 If your score is over 3 we will invite you for an appointment with our alcohol specialist nurse

ETHNIC ORIGIN

White:

- British
- Irish
- Other white background
- Bangladesh

Asian or Asian British:

- Indian
- Pakistani

Mixed:

- White and Black Caribbean
- Asian background
- White and Black African
- White and Asian

- Chinese
- Other

Black or Black British:

- Other mixed background
- Other ethnic background
- Not stated

- Caribbean
- African
- Other black

background

RELIGION

Please specify one of the following:

None

Atheist

Christian *(Including Church of England, Catholic, Protestant and all other Christian denominations)*

Buddhist

Hindu

Jewish

Muslim

Sikh

Jehovah's Witness

Not declared

Other