

CONFIDENTIAL

PATIENT QUESTIONNAIRE

**WOOLPIT HEALTH CENTRE
BURY ST EDMUNDS**

www.woolpithhealthcentre.co.uk

Please complete as many questions as you can. You are under no obligation to complete this form but your medical records may take several months to reach us and the information will assist us in providing you with good medical care.

PLEASE PRINT YOUR ANSWERS AND RETURN THE FORM TO YOUR DOCTOR.

Name: Mr. /Mrs. /Ms. /Miss.....

Address..... Postcode.....

Sex Date of Birth..... Telephone Number(s): Home.....

Work/Mobile:..... Email address:

PLEASE GIVE THE NAMES & TELEPHONE NUMBERS OF TWO PEOPLE TO BE CONTACTED IN AN EMERGENCY (NEXT OF KIN):

FULL NAME	CONTACT NUMBER(S):

MEDICAL HISTORY

YEAR (approximate)

PLEASE LIST ANY SERIOUS ILLNESSES, OPERATIONS, ACCIDENTS

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DRUGS AND MEDICINES

ARE YOU CURRENTLY TAKING ANY MEDICINES Yes No IF "YES" PLEASE GIVE DETAILS BELOW

NAME OF MEDICINE	HOW OFTEN TAKEN	DATE STARTED

ARE THERE ANY MEDICINES OR DRUGS THAT HAVE UPSET YOU IN ANY WAY? YES NO
(IF "YES" PLEASE GIVE DETAILS BELOW)

NAME OF MEDICINE	WHAT HAPPENED?

PLEASE CONTINUE OVERLEAF

PERSONAL HISTORY

HEIGHT: WEIGHT:

OCCUPATION:

ARE YOU: SINGLE MARRIED WIDOWED DIVORCED LIVING WITH PARTNER

CHILDREN - PLEASE LIST GIVING FIRST NAME, SURNAME (if different from yours) AND YEAR OF BIRTH:

FULL NAME	YEAR OF BIRTH

FAMILY HISTORY

- IS THERE A FAMILY HISTORY OF HEART DISEASE? Yes No
- IS THERE A FAMILY HISTORY OF DIABETES? Yes No
- IS THERE A FAMILY HISTORY OF RAISED CHOLESTEROL? Yes No
- ANY OTHER SIGNIFICANT FAMILY HISTORY? Yes No

Please Specify:

DO YOU SMOKE? YES NO

IF "YES" HOW MANY CIGARETTES DAILY..... TOBACCO oz PER WEEK

IF "NO" HAVE YOU EVER SMOKED? YES NO WHAT YEAR DID YOU GIVE UP?

DO YOU DRINK ALCOHOL? YES NO (1 UNIT = ½ PINT OF REGULAR BEER/LAGER/CIDER; small glass WINE (1 GLASS); a single measure of SPIRITS)

Fast Alcohol Screening Test (FAST):

Questions	Scoring System					Your Score
	0	1	2	3	4	
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often do you have 8 units (men)/ 6 units (women) or more on one occasion?						
If you scored zero above, then FAST is negative and you may stop. If you scored 1-4 then carry on.						
How often in the last year have you not been able to remember what happened when drinking the night before?						
How often in the last year have you failed to do what was expected of you because of drinking?						
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	

Total Score:

(Scoring: An overall total score of 3 or above is FAST positive and may indicate hazardous or harmful drinking)