

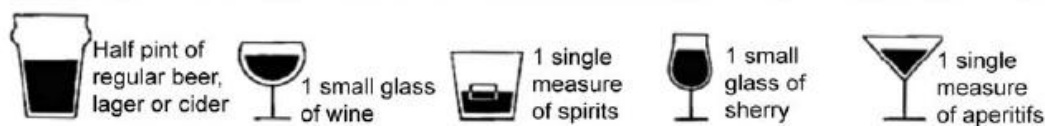
Oakenhall Medical Practice Health Questionnaire

Full Name and Date of Birth	
Marital Status	Single/Married/Widow
Address	
Postal Code	
Telephone Number	
Occupation (if employed)	
Height	
Weight	
Please Circle or detail which best describes your ethnic origins:	British White/Irish White/Any other white background White & Black Caribbean/White & Black African/White & Asian/Any other mixed background Indian/Pakistani/Bangladeshi/Any other Asian background Caribbean/African/Any other Black Background Chinese/Any other ethnic Group Decline to give details
Please circle or detail your first language you mainly speak (i.e. the language in which you are most fluent)	English/British Signing Language/French/German/Italian/Japanese/Makaton (Sign Language)/Polish/Russian/Spanish/Turkish/Other
Name of School Child Attends (For Children in full time education)	
Name of Child's Primary Carer	Mother/Father/Foster Carer
Please list any current/past medical problems and any allergies	
Please list any medications or tablets that you are currently taking	
Do you have any medical conditions in the family? E.g. Diabetes, epilepsy, heart trouble, asthma, respiratory conditions, social or mental problems, hay fever, eczema or psoriasis?	
How often do you exercise? What form of exercise do you do?	Never/occasionally/How many days a week? – 1/2/3/4/5/6/7
Do you smoke? If smoker – do you smoke? How often do you smoke?	Never/Ex-smoker/Smoker Cigarettes/Cigar/Pipe Per Day Per Week

Please Turn Over

For Administration Use Only
 NHS Number Obtained
 Identification Viewed
 Proof of Residency Viewed
 HCA – Patient Action Plan Completed

This is one unit of alcohol...



...and each of these is more than one unit



Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

If your overall total score is 5 or above please arrange Appointment with the Practice Nurse.

Your Total:

Are you a carer or do you care for anyone with a significant Physical or Mental Illness?	
For Women Only Are you using birth control now? If so which form of birth control are you using? When was your last smear test?	

Emergency Summary Care Record

The NHS in England is introducing the Summary Care Record, which will be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely. As a patient you have a choice:

- Yes** I would like a Summary Care Record – Healthcare staff will ask you permission before they look at your record, except in certain circumstances for example if you are unconscious.
- No** I do not want a Summary Care Record – Please ask Reception Staff for the opt out form

Please Turn Over

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