

## ACTON TOWN MEDICAL CENTRE

## ADULT (16 and over) HEALTH CHECK QUESTIONNAIRE

Please fill this form in to the best of your knowledge to enable us to gain as much information relating to your personal and medical history as possible. This data will be entered onto your computerised medical record then filed as part of your Lloyd George notes and will be treated as confidential.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ETHNIC ORIGIN: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_  
 HOME PHONE NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 PREFERRED CONTACT METHOD: SMS, Letter, Email **(Please circle ONE ONLY)**

Do you give consent to receive SMS messages? (i.e. appointment confirmations/reminders, etc) YES /NO

English Speaker: YES / NO;

If you need an Interpreter, what is your main language? \_\_\_\_\_

MARITAL STATUS: Married [ ], Single [ ], Divorced [ ], Widowed [ ], Cohabiting [ ]

NEXT OF KIN: Full Name \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Relationship (i.e.: mother, father, husband, wife, friend and etc.) \_\_\_\_\_

DO YOU LOOK AFTER SOMEONE? /DOES SOMEONE LOOK AFTER YOU? \_\_\_\_\_

**PERSONAL HISTORY**

Measurements: Height \_\_\_\_\_ m Weight \_\_\_\_\_ kg

Smoking [ ] Never smoked Current smoker [ ] Cigarettes \_\_\_/ day  
 [ ] Ex-smoker [ ] Roll own \_\_\_/ oz/wk  
 Do you want to quit smoking? Yes / No

Diet [ ] Normal [ ] Vegetarian [ ] Vegan [ ] Low fat [ ] Weight reducing  
 [ ] other – please specify \_\_\_\_\_

Exercise Grading [ ] Exercise physically impossible [ ] Avoids even trivial exercise  
 [ ] light [ ] moderate [ ] heavy

DISEASES Diabetes [ ] insulin, diagnosed \_\_/\_\_/\_\_\_\_  
 [ ] oral treatment, diagnosed \_\_/\_\_/\_\_\_\_ [ ] diet only, diagnosed \_\_/\_\_/\_\_\_\_  
 [ ] Asthma, diagnosed \_\_/\_\_/\_\_\_\_  
 [ ] Hypertension, diagnosed \_\_/\_\_/\_\_\_\_  
 [ ] Coronary Heart Disease, diagnosed \_\_/\_\_/\_\_\_\_  
 [ ] Stroke, diagnosed \_\_/\_\_/\_\_\_\_  
 [ ] Cancer, diagnosed \_\_/\_\_/\_\_\_\_ specify type \_\_\_\_\_  
 [ ] Mental Illness, diagnosed \_\_/\_\_/\_\_\_\_ specify type \_\_\_\_\_  
 [ ] Other major illness, diagnosed \_\_/\_\_/\_\_\_\_ please specify type \_\_\_\_\_

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**OPERATIONS** - please specify type \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

**ALLERGIES** – please specify \_\_\_\_\_

**FAMILY HISTORY** (please enter: M=mother, F=father, B=brother, S=sister, GF=grandfather, GM =grandmother)

- |  |                           |
|--|---------------------------|
| [ ] FH Diabetes  | [ ] FH Stroke             |
| [ ] DVT (Deep Vein Thrombosis)   | [ ] FH Hypertension       |
| [ ] FH Asthma  | [ ] FH Endocrine disorder |
| [ ] FH Cancer – please specify type _____  |                           |
| [ ] FH Mental Illness – please specify type _____  |                           |
| [ ] FH Coronary Heart Disease at <b>less/ greater</b> than 60 years old ( <b>please circle one</b> ) |                           |
| [ ] FH Other _____   |                           |

**ALCOHOL** - Do you drink ? : **YES / NO**; If **YES** How many units do you have in a week ? .....

<b>Alcohol</b>	Alcohol consumption is measured in units, which is explained in the diagram below.
<p><b>This is one unit...</b></p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>Half pint of regular beer, lager or cider</p> </div> <div style="text-align: center;">  <p>One very small glass of wine</p> </div> <div style="text-align: center;">  <p>One single measure of spirits</p> </div> <div style="text-align: center;">  <p>One small glass of sherry</p> </div> <div style="text-align: center;">  <p>One single measure of aperitifs</p> </div> </div> <p><b>...and each of these is more than one unit...</b></p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  2         </div> <div style="text-align: center;">  3         </div> <div style="text-align: center;">  1.5         </div> <div style="text-align: center;">  2         </div> <div style="text-align: center;">  4         </div> <div style="text-align: center;">  2         </div> <div style="text-align: center;">  9         </div> </div>	
Please have a look at the above diagram and then answer the questions on the next page.	

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## Alcohol Screening – AUDIT-C / AUDIT

Questions about your Alcohol Consumption	Scoring System					Your score
	0	1	2	3	4	
1. 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	
2. 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+	
3. 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	
<b>If your total score for the above 3 questions is 4 or less, then you do not need to complete the questions below</b>						
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Total AUDIT Score (Questions 1 – 10):

**If you are concerned about your consumption of alcohol, please book an appointment with a doctor or a nurse. Alternatively you can call 020 8354 8962 or 0800 195 8100**

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

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Staff Initials: \_\_\_\_\_

<b>Women Only</b>	What is the date of your last <b>Smear test</b> ? (Also known as a <b>PAP</b> or <b>Cervical smear</b> )	Date:  Place:	Result:
Date of last <b>Mammogram</b> (if applicable):			
Number of <b>pregnancies</b> (include miscarriages & terminations) (If applicable)			

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<b>Sharing Your Medical Record</b>	
1.	<p><b>Medical Record Sharing:</b> Allows your complete GP medical record to be made available to <b>authorised</b> healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your shared medical record.</p> <p><b>If you do want to share your GP record tick here:</b> <input type="checkbox"/></p> <p><b>If you do not want to share your GP record tick here:</b> <input type="checkbox"/></p>
	<p><b>Summary Care Record:</b> Contains details of your key health information – medications, allergies and adverse reactions. They are accessible to <b>authorised</b> healthcare staff in A&amp;E Departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record. Ask your GP about the optional ‘Additional information’ choice.</p> <p><b>If you do want to have a Summary Care Record created tick here:</b> <input type="checkbox"/></p> <p><b>If you do not want to have a Summary Care Record tick here:</b> <input type="checkbox"/></p>

<b>Online Services</b>	
2.	<p>You can now do the following online or via the SystemOnline app: Book and cancel appointments, order repeat prescriptions, view your Detailed Medical Record.</p> <p>IT WILL BE YOUR RESPONSIBILITY TO KEEP YOUR LOGIN DETAILS AND PASSWORD SAFE AND SECURE. IF YOU KNOW OR SUSPECT THAT YOUR RECORD HAS BEEN ACCESSED BY SOMEONE THAT YOU HAVE NOT AGREED SHOULD SEE IT, THEN YOU SHOULD CHANGE YOUR PASSWORD IMMEDIATELY.</p>
	<p><b><u>Yes</u></b> I'd like to register for online services <input type="checkbox"/>   <b><u>No</u></b> I don't want to register for online services <input type="checkbox"/></p>
	<p>We can now send your prescriptions electronically to the pharmacy of your choice. If you would like us to do this, please give the name and location of the pharmacy here:</p>

PATIENT'S SIGNATURE: \_\_\_\_\_

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PATIENT REGISTRATION POLICY

- All non-NHS services will incur charges depending upon service requested. The list of current fees is displayed in our surgery. Please confirm the charges with the receptionist. Most of non-NHS charges have to be paid in advance.
- Doctor no longer signs Passport Application Form
- Please note that for the first seven days of your sickness only a private certificate can be issued, but it will incur a charge.
- Requests for repeat medications are not accepted over the phone. Please use self addressed and stamped envelope or come in person to fill in a request form. If you have access to the internet you may also submit your request online through the NHS Online Services at:  
<https://www.actontownmedicalcentre.nhs.uk/>

*Please allow 48 working hours before collection*

- Only one appointment is booked per patient. If other members of the family need to see a doctor, please make an appointment.
- IF YOU REPEATEDLY FAIL TO ATTEND FOR APPOINTMENTS, YOU MAY BE REMOVED FROM THE PRACTICE LIST AND HAVE TO FIND AN ALTERNATIVE GP PRACTICE.

**We operate ZERO TOLERANCE POLICY. Rudeness or aggressive behavior will not be tolerated and will result in an instance removal of patient and the entire household from our list.**

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I (please insert your name) \_\_\_\_\_

read and understood the above conditions of my registration with the Practice.

Signature Patient

Signature on behalf of patient

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_