

Claypath and University Medical Group

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CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE **(ADULT: 14 YEARS AND OVER)**

The contents of this questionnaire are confidential and will be used as part of your medical record. The contents will not be shared outside the practice.

SECTION 1: Personal Details

Surname: Forename: Male/Female: Date of Birth:	Your Home Address: E-mail: Mobile No.: Telephone No. at Home:
Ethnic Origin (optional): First spoken language: Place of birth:	Name of Person to contact in an emergency: Relationship to: Telephone No.: Address (if different from your home address):

SECTION 2: Personal History

Please provide details of any significant current/past history e.g. operations, serious illness:-

Do you have any allergies (please specify): _____

Do you have any of the following conditions:

- | | | |
|-------------|-----------|---|
| 1) Asthma | YES
NO | How many years have you had asthma? years |
| | | Best ever peak flow, if known |
| 2) Epilepsy | YES
NO | When did you first have a fit? |
| | | When was your last fit? |
| 3) Diabetes | YES
NO | |
| 4) Thyroid | YES
NO | |

Please provide details of any current illness and the treatment given:

Height: cm Weight: Kg BMI:

If your BMI is >25 you are advised to make a weight clinic appointment with one of our nurses.

Do you smoke? (please tick one box)

I am a current smoker []
I have never smoked []
I am an ex-smoker []

Please note that if you smoke our nurses can help you stop. Please make an appointment.

Exercise score (please tick one box)

I enjoy light exercise []
I enjoy moderate exercise []
I enjoy heavy exercise []
I avoid even trivial exercise []
I find exercise physically impossible []

Alcohol use: (please tick one box below each question)

Do you drink alcohol? YES/NO If YES – please tick boxes below.

How often do you have an alcoholic drink?

Never []	Monthly or less []	2-4 times per month []	2-3 times per week []	4+ times per week []
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How many standard alcoholic drinks do you have on a typical day when you are drinking?

1 - 2 drinks []	3 - 4 drinks []	5 - 6 drinks []	7 - 8 drinks []	10+ drinks []
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How often do you have 6 or more standard drinks on one occasion?

Never []	Less than monthly []	Monthly []	Weekly []	Daily or almost daily []
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SECTION 3: Family History

Is there a family history (1st degree relative – parents/brothers/sisters) of:

Diabetes []
Heart Disease []
High Blood Pressure []

SECTION 4: Vaccinations

I have had the following vaccinations (please tick and give dates):

MMR/Measles []	Polio []
Tetanus []	Meningitis C []

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.