Student Proof of address / ID checked: :

Lavant Road Surgery

Health Information Form

To be completed by all persons aged 16 years or older

Welcome to Lavant Road Surgery. We would be grateful if you could fill out this questionnaire to assist us to address your immediate health needs. Please answer all questions if possible.

Title: (Mr / Mrs / Miss / Other) _____ ☐ Male ☐ Female

Family Name: _____ Ethnicity: ☐ British ☐ Irish

First Names(s): _____

Date of Birth: _____ ☐ Asian ☐ Caribbean ☐ African

☐ Indian ☐ Pakistani ☐ Chinese

Address: _____ ☐ Bangladeshi ☐ Other White

_____ ☐ Other Black ☐ Other Mixed

_____ ☐ Other: _____

Postcode: First Language: _____

_____

Telephone: _____ Mobile: _____

I give permission for messages to be left on my phone: Yes / No

Email Address: _____

We would like to contact you periodically by email to ask you about services and developments at the practice. If you do not want us to do this, please tick here. ☐

In case of emergency / next of kin please contact:

Name: _____ Relationship to you: _____

Telephone: _____ Mobile: _____

Previous address _____ Previous Dr _____

_____ Previous Dr Address _____

_____ _____

_____ _____

_____ _____

Place of Birth:

NB. If you are from abroad we need your first UK address registered with a GP.

AND Date of entry into UK:

	Metres	or	Feet	Inches
Height :	_____		_____	_____
Weight:	_____ Kg	or	_____ Stones	_____ Pounds

Do you take regular exercise? ☐ Yes ☐ No If so, list regular activity: _____

Do you smoke? ☐ Never Smoked ☐ Ex-Smoker ☐ Smoker

If you are or were a smoker, on average how many a day? ☐ Cigarettes ☐ Cigars

Smoking is detrimental to your health. Smoking cessation advice and support is available.

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How many units of alcohol do you drink in a week? (a unit is 1 glass of wine, ½ pint beer, pub measure of spirit)

How often do you have a drink that contains alcohol?

☐ Never ☐ Monthly or less ☐ 2-4 times per month ☐ 2-3 times per week ☐ 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking?

☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 10+

How often do you have 6 or more standard drinks on one occasion?

☐ Never ☐ Less than Monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

Depending on results, someone from the practice may contact you about alcohol consumption.

Do you have any allergies? (e.g. drugs, foods, etc…) ☐ Yes ☐ No

If so, please list here: _____

Immunisation Record (with dates if known)

☐ Meningitis C _____ Or ☐ Meningitis A+C _____

☐ MMR / MMR Booster _____

Have you ever suffered from any of the following conditions?

Condition	Details	Date of onset/diagnosis if known
☐ Asthma	☐ Currrent (using inhaler/medication now)	/ /
	☐ Past / Childhood (not using inhaler/medication now)	/ /
☐ Diabetes	☐ Insulin dependent	/ /
	☐ Non-insulin dependent	/ /
☐ Epilepsy	Date of last fit: / /	/ /
☐ Tuberculosis		/ /
☐ Eating Disorders		/ /
☐ Mental Illness	☐ Serious (e.g. Bi-polar disorder, Schizophrenia)	/ /
	☐ Common (e.g. anxiety, depression)	/ /

Please add any additional information that may be relevant. This might include any other serious illness you have suffered or operations you have had. Where relevant, please include dates.

If you have any significant medical condition or medical history we strongly advise you to arrange a Health Check appointment with the Health Care Assistant within the next month.
If you are on regular medication you will need to make an appointment with the Doctor before you can be issued with a prescription. Please make an appointment 2-3 weeks before your supplies run out.
If you need contraception, make an appointment with the Practice Nurse 2-3 weeks before the prescription is required.
I have read the above. I confirm the information I have provided is a full and correct record of my medical history.

Signed: _____ Date: / /

Thank you for completeing this questionnaire.