

# LANTERN SURGERY HEALTH QUESTIONNAIRE

This information is needed by the Surgery in order to plan your health needs, and is entirely CONFIDENTIAL.

DATE: ..... ETHNICITY .....

MR/MRS/MISS/Ms : ..... DATE OF BIRTH : .....

SURNAME : ..... FIRST NAME : .....

MARITAL STATUS : ..... PREVIOUS NAME : .....

ADDRESS : .....  
 ..... POSTCODE : .....

TELEPHONE : (Home) ..... (Mobile) .....

NEXT OF KIN : ..... CONTACT NUMBER : .....

WHAT IS / WAS YOUR WORK?.....

**“LIFESTYLE”**

Your weight ..... Height .....

Diet Normal / Vegetarian / Diabetic / High Fibre / Low Fat

Exercise Tend to avoid exercise / Enjoys Light exercise / Heavy exercise / Aerobics

Do you smoke ? ..... How many per day ? .....

Have you ever smoked ? ..... When did you stop ? .....

How many units of Alcohol per week do you drink ? .....  
 (one unit = 1 small glass of wine or half a pint of beer or one measure of spirit)

Are you a carer for someone within your family ? Yes / No

If yes, please state the relationship/age .....

And their illness / disability .....

**Vaccinations Please state YES / NO for vaccinations you have received**

	TETANUS	POLIO	RUBELLA	MENINGITIS C
Approx' Date last given				

**Do you or other close blood relatives suffer with any of the following ? – state Yes / No**

	<b>Yourself?</b>	<b>Blood Relative –state who</b>
Asthma		
Carcinoma		
Diabetes		
Epilepsy or Fits		
High Blood Pressure		
Heart Disease		
A Stroke		
Thyroid Disease		
Depression or other psychiatric illness		
Allergies to any medicines?		

**Do you have any other Health Problems?**

**What Operations have you had?**

**Are you on any Medicines or Tablets? (If you have an old Repeat prescription form please attach)**

**ANYTHING ELSE? Is there anything else you would like your new doctors to know?**

**FOR WOMEN ONLY**

Are you currently taking oral contraception ?    Yes / No

Do you currently have a coil fitted ?    Yes / No

State the approx' date of your last cervical smear    .....    What was the result ?    .....

Where was your cervical smear taken ?    DOCTOR'S SURGERY / HOSPITAL / ELSEWHERE / ABROAD

Have you had a Hysterectomy?