

## HILLINGDON HEALTH CENTRE PATIENT QUESTIONNAIRE

**If we have any queries regarding this form, but are unable to contact you within 14 days, this registration will be abandoned.**

**THIS QUESTIONNAIRE MUST BE COMPLETED IN FULL BEFORE YOU CAN BE REGISTERED AT THIS PRACTICE**

Surname:	Forenames(s):
----------	---------------

Previous Surname:	Date of Birth:	Sex: Male/Female
-------------------	----------------	------------------

Main Language Spoken:	Marital Status:
Home Telephone No:	Mobile Telephone No:

Town and Country of Birth: (Just London is not acceptable)
Occupation:
Name and Telephone Number of Next of Kin:
Current Medication:
Allergies:

<b>Ethnicity</b>			
White British	White & Asian	Other Asian	
British Mixed	Other Mixed	Other Black	
Other White	Indian/British	Chinese	
W&B Caribbean	Pakistani/British	Irish	
W&B African	Bangladeshi/British	Other	

**Personal Medical History:**

Asthma	Yes/No		Strokes	Yes/No
Blood Pressure	Yes/No		Glaucoma	Yes/No
Diabetes	Yes/No		Cancer	Yes/No
Angina	Yes/No		Heart Disease	Yes/No
Epilepsy	Yes/No			

Form Checked By:
------------------

Any other major illnesses, operations or disabilities:

Height: Weight:

Do you Smoke?: Yes/No If so, how many per day?:

Alcohol Consumption (those patients over 16 years of age)

Questions - please circle answer Scoring System

	0	1	2	3	4	Your Score
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3times 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	

If your score is 5 or over, please complete the next page

Exercise: Do you undertake any regular sport or exercise on a daily or weekly basis? Yes/No If so, what and how often?

Have you ever had a tetanus immunisation? Yes/No If yes, when was your last booster?

For registering children please produce your "Red Book" or equivalent which lists immunisations.

Date:.....