

PENNYGATE HEALTH CENTRE PATIENT QUESTIONNAIRE

Name: Date of birth:
Occupation: Tel:
Nationality: Country born in:
Date of arrival in UK: Spoken Language:

Have you ever had any operations?
If yes please list with approximate dates

What height are you?
What weight are you?
Any allergies?

Previous medical history – please tick if you have had any of the following:
Asthma Diabetes
High Blood Pressure Stroke
Heart Attack..... Epilepsy
Cancer Jaundice
Other

List any tablets/medication you take regularly:

Have any of your relatives had the following? If so, please tick
Cystic Fibrosis Heart Disease
Stroke Diabetes
High Blood Pressure Epilepsy.....
Asthma..... Bowel Cancer
Breast Cancer Other

Do you smoke?..... If yes how many a day? Date started
How much alcohol do you drink in a week?
How often do you exercise in a week?
Have you had tetanus in the last 5 years?

WOMEN ONLY:

Is your menstrual cycle regular?
When was your last smear test?
Do you use any form of contraception?
Have you had a mammogram? When?

MEN ONLY:

Do you self examine for testicular cancer?

Are you a carer?
Do you have a carer?

WHEN REGISTERING YOUR CHILD AT THE PRACTICE PLEASE PROVIDE US WITH
THEIR PREVIOUS IMMUNISATION RECORDS.

PLEASE NOTE WE ARE UNABLE TO REGISTER YOUR CHILD UNTIL THIS INFORMATION
IS RECEIVED IN ORDER TO COMPLETE OUR RECORDS

Pennygate Health Centre
Alcohol Consumption Screening

Please Complete

For the following question

1 standard drink = 1 unit of alcohol

An indication of standard drinks is provided in the diagram below.

One standard drink is...

	Half pint of regular beer or cider		1 small glass of wine		1 single measure of spirits		1 small glass of sherry		1 single measure of aperitifs
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The following quantities of alcohol contain more than 1 standard drink

2	3	1.5	2	4	2	9
						
Pint of Regular beer/lager/cider	Pint of Premium beer/lager/cider	Alcopop or can/bottle of Regular Lager	Can of premium Lager or Strong Beer	Can of Super Strength Lager	Glass of wine (175ml)	Bottle of wine

<u>Question</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>Your Score?</u>
How often do you have a drink that contains alcohol?	Never	Monthly or Less	2-4 times a month	2-3 times a week	4+ times a 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 alcoholic drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily almost daily	