Adult Health Questionnaire

Name: **Date of birth:**

1) **Do you have any of the following (please tick and/or comment)**

• Diabetes	Y / N	• Epilepsy	Y / N
• Asthma	Y / N	• Glaucoma	Y / N
• Heart trouble	Y / N	• COPD (emphysema)	Y / N
• Raised blood pressure	Y / N	• Depression and/or anxiety	Y / N
• Stroke	Y / N	• Cancer of any type	Y / N

2) **Are you aware of anyone in your family e.g. siblings, parents, grandparents with any of the above conditions? If so, please list the condition and family member below**

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3) **Please list any operations and approximate dates**

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4) **Any other significant illnesses / hospital admissions? (Excluding operations)**

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5) **Current medications – please list below**

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6) **Are you allergic to any medications or other substances? - Please list below**

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7) **Smoking**

If Yes, number per day? …… Have you considered giving up smoking? Yes / No

Do you want help and support to give up smoking? Yes/No

If No, have you ever smoked in the past, and if so, how many per day, number of years smoking, and when did you stop?

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8) Alcohol

If you drink alcohol, how often, and what do you drink in a typical session? ……

How often do you have 5 or more "standard" drinks on one occasion? ……
(Remember - 1 standard drink = 1 can beer, 1 small glass of wine, 1 nip of spirits)

9) Vaccination History

Do you know when you had your most recent tetanus booster? ……

Would you like an annual flu vaccine? Yes / No

10) Heart health

We follow best practice guidelines for screening for heart and stroke health for our patients – are you happy to be enrolled in these programmes as appropriate?

11) For women only - please answer the following:

Do you have regular periods?	Yes / No	Contraception? (If relevant)	…….
When was your last cervical smear?	…….	Last mammogram?	…….
Number of pregnancies?	…….	Number of live births?	…….
Any complications of pregnancy?	…….		

12) What is your current occupation?

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13) Do you have any disabilities e.g. visually impaired, hearing impaired, other?

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14) Do you have a Living Will or Advance Directive? Yes / No

15) Is there anything else you think we should be aware of?

Thank You