

THE COLERIDGE MEDICAL CENTRE

CANAAN WAY • OTTERY ST MARY • DEVON EX11 1EQ

Telephone: 01404 814447 • Fax: 01404 816716 • e-mail: coleridgemedicalcentre@nhs.net

PATIENT QUESTIONNAIRE

THIS INFORMATION WILL BE TREATED AS PRIVATE & CONFIDENTIAL			
Date completed		Date of Birth	
Surname		Marital Status	
Forenames		Occupation	
Previous Names			
Address		Postcode	
Telephone		Please tick preferred contact no.	Next of kin (Name) Relationship: Contact Tel:
Mobile			
E-mail address			
MEDICAL HISTORY			
Are you in good health?			YES/NO
Have you had any previous, serious or recurrent illness, accidents or operations			YES/NO
Illness/Accidents/Operation	Year	Hospital (if appropriate)	
Are you taking any medication?			YES/NO
Name of preferred pharmacy for prescription collection:			
Medication	Dose	For how long?	
How often do you have a drink containing alcohol? (please circle your answer)		Never, Monthly or less, 2-4 times/month, 2-3 times/week, 4 or more times/week	
How many standard drinks containing alcohol do you have on a typical day when you are drinking?		1 or 2, or 4,5 or 6, 7 or 8, 10 or more (Please circle your answer)	
How often do you have 6 or more standard drinks on one occasion?		Never, less than monthly, monthly weekly, daily or almost daily (please circle your answer)	
Are you a Smoker Ex-Smoker Never Smoked		(Please circle your answer)	
How much do you smoke per day and in what form?			
<i>We strongly recommend all of our patients who smoke to consider stopping and have a 'Stop Smoking' clinic here in the surgery run by our practice nurses. If you are interested in attending please contact the surgery and make an appointment.</i>			
Are you allergic to anything?			
The following chart shows amounts of exercise over a 4 week period. Please tick the box that describes the amount of exercise you take a month.			
Activity of 20 minutes	Duration in previous 4 weeks	Tick	
Vigorous	On 12 or more occasions		
Moderate/vigorous	On 12 or more occasions		
moderate	On 12 or more occasions		
Moderate/vigorous	On 5-11 occasions		
Moderate/vigorous	On 1-4 occasions		
None			
IN THE CASE OF WOMEN			
1. How many children have you had?			
2. Have you had a miscarriage or stillbirth?			
3. Are you on an oral contraceptive pill?		If yes name of pill:	
4. How long have you been taking the oral contraceptive?			
5. Do you have an IUCD (coil) fitted?		If yes when was it fitted?	

6. Do you have a contraceptive Impant (Nexplanon)?		If yes when was it fitted?	
7. Do you have a depo injection Contraception?		If yes when was it given?	
8. Have you had a breast check?	Doctor/Nurse	YES/NO	DATE
	Mammogram	YES/NO	DATE
9. Have you had a cervical smear test?		YES/NO	DATE
PREVIOUS IMMUNISATIONS			
	DATE		DATE
Whooping cough		MMR	
Polio		Tetanus	
		Measles	
		Rubella	
		Diphtheria	
		Others	
FAMILY HISTORY			
It would be helpful to know if anyone in your immediate family suffers or has died from any of the following illnesses, please tick below:			
Relation	Glaucoma	Angina	Diabetes
Father			
Mother			
Sisters/brothers			
Children			
High blood pressure			
Asthma			
Thyroid Disease			
If there have been deaths in the family from other causes please state below giving age and cause of death if known:-			
Do you have any disability		YES/NO	
Do you have any family or social problems?			
Do you care for somebody who could not manage without your help?		YES/NO	IF YES
		Name:	
		Address:	
Are they as child under 18?			
An adult with physical disability or illness?			
An adult with dementia or other mental health illness			
Are you cared for by somebody?		YES/NO	
Have you been in touch with Devon Carers? www.devoncarers.org.uk 03456 434 435		YES/NO	
CURRENT			
WEIGHT		HEIGHT	
		BLOOD GROUP	
ACCESSIBLE INFORMATION			
Do you have any communication needs to enable you to access our information?			YES/NO
Please give more details.			
If we require further information from you, are you happy for us to contact you about how you can best access our information?			YES/NO
Would you like access to online services, including your medical record*			YES/NO
Would you like to use our SMS messaging services*			YES/NO

* Further details and application forms are available from reception/in your registration pack, please ask.