Branchalwood Medical Practice

Dr P Flanigan | MB ChB
Dr S Kumar | MB BS MRCGP

Health Survey

Name: **Tel:**

Address: **Postcode:**

Please complete height & weight:	HEIGHT:	WEIGHT:
Have you had your cholesterol checked?	YES	NO
Do you smoke? If yes, how many/day on average?	YES	NO
Do you drink alcohol? If yes, how many units/week on average? (one unit = ½ pint of beer, one standard spirit measure or one glass of wine	YES	NO
Do you take exercise? If yes, what type: How many hours/day How many days/week	YES	NO
Do you add salt to your food after cooking?	YES	NO
Have you suffered from:		
a) Angina	YES	NO
b) Heart Attack	YES	NO
c) Stroke	YES	NO
d) Asthma	YES	NO
e) Sugar Diabetes	YES	NO
(If yes, do you take insulin)	YES	NO

FEMALES ONLY

Date of last breast exam:

Date of last cervical smear:

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PAST MEDICAL HISTORY

Serious illnesses:

Operations:

Immunisations:

Hereditary disorders/family history:

Date of last tetanus vaccination:

DRUGS/TREATMENT

Please state any drugs or medication you are on at present:

Any other treatment:

Allergies/drug reactions:

NURSE/CSW TO COMPLETE THIS SECTION

Physical findings:

BP: **Urinalysis:**

Sign: **Date:**