

Mull Medical Practice
36 Admiral Street
Glasgow, G41 1HU
Telephone No: 0141 429 0943

Date:

Welcome to the Practice:

As it takes some time for your medical records to reach us from your previous doctor, it would be most helpful if you would complete the following questionnaire, which will assist our medical and administration teams to provide the best possible service.

SURNAME:	
FIRST NAMES:	
MAIDEN SURNAME:	
MARITAL STATUS:	
DATE OF BIRTH:	
ADDRESS:	
TELEPHONE NO:	
OCCUPATION:	
NEXT OF KIN:	NAME:
	CONTACT TEL NO:
	ADDRESS:
PREVIOUS GP:	
REASON FOR CHANGING:	

LIFESTYLE

HEIGHT WEIGHT..... Blood Pressure...../.....

ARE YOU A SMOKER?: YES / NO If Yes, How many?

ARE YOU AN EX-SMOKER?: YES / NO

Date you stopped smoking: Date you started smoking:

DO YOU CONSUME ALCOHOL?: YES / NO If Yes, HOW MANY UNITS OF ALCOHOL PER WEEK

DO YOU OR HAVE YOU USED ILLICIT DRUGS (if yes, please provide more information)

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ARE YOU A CARER?: YES / NO

(a carer is someone who looks after a partner, relative or friend, who cannot manage without help, because of illness, frailty or disability. You may or may not live with the person you are looking after.)

FEMALE PATIENTS

DO YOU USE ANY FAMIL PLANNING METHODS? PILL / COIL / CONDOMS / OTHER

WHEN WAS YOUR LAST SMEAR AND WHAT WAS THE RESULT

WHERE WAS IT DONE (GP / FAMILY PLANNING / HOSPITAL)

MEDICATION

Any medication being purchased or taken from the local chemist not prescribed by a doctor?

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PLEASE LIST ANY REGULAR MEDICATION AND APPROXIMATE DATE COMMENCED

NAME OF MEDICATION	STRENGTH	HOW OFTEN	DATE STARTED

ARE YOU ALLERGIC TO ANYTHING (please list)

MEDICAL HISTORY

PLEASE INDICATE IF YOU **or any close family member** HAVE ANY OF THE FOLLOWING CONDITIONS:

	YOU	If not YOU then which family member?
EPILEPSY	YES / NO	
CHRONIC BRONCHITIS	YES / NO	
HIGH BLOOD PRESSURE	YES / NO	
HEART DISEASE	YES / NO	
STROKE	YES / NO	
ASTHMA	YES / NO	
DIABETES	YES / NO	

Any other medical conditions the doctor should be aware of:

HAVE YOU HAD ANY ILLNESSES OR OPERATIONS IN THE PAST: (not mentioned above)