

PAST MEDICAL HISTORY

PAST ILLNESS: <i>(please list illness or operations you have had in the past)</i>		DATE:	
HAVE YOU ANY DISABILITIES			
PLEASE STATE CURRENT MEDICATION <i>(prescribed by doctor or hospital)</i>		Medication	Dosage
PLEASE STATE CURRENT MEDICATION <i>(bought over the counter such as laxatives, painkillers)</i>		Medication	Dosage

Please state if you have had the following immunisation:

IMMUNISATION	WHAT YEAR DID YOU HAVE IMMUNISATION
Tetanus	
Diphtheria	
Whooping Cough	
Polio/MMR	
Rubella or German measles	
Cholera	
Typhoid	

WOMEN ONLY

Births	Dates	Problems in Pregnancy	Problems of Delivery	Birth Weight	Miscarriages	Reason	Dates	How many weeks	Womb scraped

Date (month & year) of last cervical smear: _____ Where did you have it: _____

Result: _____

What if any form of contraception do you use: _____

Have you ever had a mammogram or any other form of breast screening: _____

If so what did you have and when did you have it: _____

HEALTH PROMOTION – Please complete

The surgery now offers HIV and Hepatitis screening to all patients and a blood form can be given when you attend for your new patient health check.

Please circle below if you would/would not like screening test.

Yes I would like HIV screening

No I would not like HIV screening

Yes I would like Hepatitis screening

No I would not like Hepatitis screening

Do you consider yourself: (*please circle*)

SMOKER : CIGARS CIGARETTES PIPE TOBACCO

Please state how much: _____cigarettes/cigars daily _____oz pipe/tobacco daily

EX-SMOKER

NON-SMOKER (including ex smoker for 3 years or more)

HAVE YOU EVER MISUSED DRUGS OR SOLVENTS: (*please circle*) YES NO

If yes name substance: _____

**SMOKING DAMAGES YOUR HEALTH.
WE ENCOURAGE YOU TO STOP & WILL SUPPORT YOU**

If you would like help to stop smoking please make an appointment with one of our Practice Nurses or Health Care Assistants who are Specialist smoking Cessation Advisors or you could contact the following free helplines:

NHS SMOKING HELPLINE	0800 169 0169
QUITLINE	0800 002 200
BROMLEY CCG SMOKERS SUPPORT SERVICE	0800 587 8821
