

MEDICAL QUESTIONNAIRE

GP PRACTICES
ST ANDREWS COMMUNITY HOSPITAL

This medical questionnaire is the basis of your medical summary. Please be accurate with information. Overseas students must remember to bring consultant documentation before regular medication can be issued.

Please bring your medical card and/or completed Registration Form (GPR) with you to Matriculation where staff from the Health Centre will receive them.

Surname.....Forename.....Mr/Mrs/Miss/Ms/Other.....

Date of birth (dd.mm.yy) Sex: Female/Male Student ID No

Term time address: House No Room No Hall Name

Other: Postcode:

House Telephone No Mobile Telephone No

Expected end date of Course University Email address @st-andrews.ac.uk

PLEASE INFORM PRACTICE OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER

PAST MEDICAL & SURGICAL HISTORY

Please list all important illnesses, including hospital admissions and operations (continue overleaf if necessary)

- 1 2
- 3 4
- 5 6

MEDICATION

Are you taking any regular medicines, including oral contraception, from your doctor or chemist? Please attach details with name of medication, dose and frequency

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ALLERGIES

Do you have any allergies to medicines? What reaction?
(please use separate sheet of paper if needed)

NAME & TELEPHONE NO OF NEXT OF KIN

HEIGHT **WEIGHT**

DO YOU SMOKE? YES NO If yes please complete section below:

CURRENT SMOKER 1/9 day 10/19 day 20/39 day

EX SMOKER 1/9 day 10/19 day 20/39 day Year Stopped

DO YOU DRINK ALCOHOL? YES NO If yes please complete section below:

Less than 1 unit/day 1/2 units/day 3/6 units/day 7/9 units/day More than 9 units/day

FEMALES ONLY: HAVE YOU EVER HAD A CERVICAL/PAP SMEAR? YES NO If yes, please state

Date smear taken What clinic carried out procedure

Result of Smear - Negative/Normal Abnormal Date next smear due (if known)?.....

PTO

IMMUNISATION DATES

1st Diphtheria 1st Tetanus 1st Pertussis 1st Polio 1st Hib

2nd Diphtheria 2nd Tetanus 2nd Pertussis 2nd Polio 2nd Hib

3rd Diphtheria 3rd Tetanus 3rd Pertussis 3rd Polio 3rd Hib

1st Meningitis C 2nd Meningitis C Booster Hib/Men C

1st Pneumococcal 2nd Pneumococcal 3rd Pneumococcal

1st Measles/Mumps/Rubella 2nd Measles/Mumps/Rubella

Booster Diphtheria Booster Tetanus Booster Pertussis Booster Polio

1st Hepatitis A 2nd Hepatitis A Booster Hepatitis A

1st Hepatitis B 2nd Hepatitis B 3rd Hepatitis B Booster Hepatitis B

1st Typhoid Booster Typhoid Yellow Fever

Any Other (please state):

FAMILY HISTORY

Have your mother, father or siblings ever been affected by any of the following:

	<u>Which relatives affected</u>	<u>Which relatives affected</u>
Asthma	Heart disease
Epilepsy	Diabetes
Stroke	High Blood Pressure.....

ETHNICITY

White Scottish White British Other White Ethnic Group Please state:

Asian British Other Asian Please state:

Black British Black Other Please state:

Other Ethnic Group Please state: Ethnicity Refused/Not given

IS THERE ANY HEALTH ISSUE YOU WOULD LIKE US TO KNOW ABOUT?

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Patients can register with the Practice of their choice. However for administration purposes only, students are registered alphabetically as follows:

A-God	Feddinch Practice	01334 476840
Gof-M	Blackfriars Practice	01334 477477
N-Z	Strathcairn Practice	01334 473441

If you wish to register with a specific Practice please let the member of staff dealing with your paperwork know in order that you are given the correct information.

Thank you.

2015