



Ashton View Medical Centre (Basic Adult Health Screen)

Name	D.O.B.	Sex M / F
Address		
1		
2		
3		
Post Code		
E.MAIL		
Marital Status		
Exercise		
How Often	Height	
How Long	Weight	
Have you had tuberculosis screening (TB) Yes / No		
Have you ever been diagnosed with Sickle Cell or Thalassaemia Yes No		
Smoking Status		
Smoker Yes / No		
Cigarettes per Day		
Number of Years Smoked		
Alcohol		
Alcoholic Drinks per Day		
Are You A Carer		
Does someone look after you	YES/NO

Family History
Have your parents, brothers or sisters suffered from any of the following? Please state which family member:
Asthma Yes / No
High blood pressure Yes / No
Stroke Yes / No
Cancer Yes / No
T.B. Yes / No
Glaucoma Yes / No
Coronary Heart Disease Yes / No
Urine Analysis
<u>Women over the age of 25</u>
Date of your last Cervical Smear Test.....
<u>Women over the age of 50</u>
Have you had a Mammogram / Breast Screening.....

NEXT OF KIN:
NAME:
ADDRESS:
TELEPHONE NUMBER :-

When you attend for your health check we require the following:

- A urine sample (specimen bottle available from the surgery)
- Please bring with you any medication you are currently taking.
- When you have completed this form hand it in into reception between 12 noon and 3pm only. We will then make an appointment for a compulsory health check with our practice nurse.
- If you do not speak English please bring someone with you who does speak English when you attend for your new patient check.

Name

Date of Birth

Address

Ethnic Group

British or mixed British

White and black Caribbean

White and black African

White and Asian

Pakistani or British Pakistani

Indian or British Indian

Bangladeshi or British Bangladeshi

Irish

African

Chinese

Scottish

Greek

Turkish

Polish

Kosovan

OTHER (please state)

Your first language
