

**DRS LAU, WILSON & SHEWARD  
MAYBOLE HEALTH CENTRE  
6 HIGH STREET  
MAYBOLE  
KA19 7BY**

**Adult Questionnaire**

Title ..... Surname:: .....  
(eg Mr/Mrs/Miss/Ms/Dr/Rev etc)

Forenames: ..... Date of Birth: .....

Telephone Numbers: Home: .....  
email:.....  
Work: .....  
Other: .....

Have you had any serious illnesses or operations? If so, could you please list them:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Are you allergic to anything? If so, please list them?

.....  
.....  
.....  
.....

Are you taking any medications?

Drug Name	Dose/strength	Frequency

Have any of your immediate family suffered from a heart attack or angina? Yes/No

Have any of your immediate family suffered from a stroke? Yes/No

Are you a smoker? Yes/No If yes, how many a day?: .....

Would you like help to stop smoking? Yes/No

How much alcohol do you consume per week?: .....  
See note below

How much exercise do you do, apart from at work?  
walking/swimming/cycling/ gym/ football

When did you last have a tetanus vaccination?      Approximate date: .....  
When did you last have a polio vaccination?      Approximate date: .....

**Women only**

Have you had a hysterectomy?      Yes/No  
When did you last have a smear test?      Approximate date: .....  
Was this smear normal?      Yes/No

This practice has a computerised recall system for smears. Do you wish to be placed on this system? Please complete the section below.

I wish / do not wish (delete as appropriate) to be recalled for cervical smears.

Are you a Carer      Yes/No .....

Who do you care for? ..... eg: mother/ father/ daughter/ son/friend etc

Is there a family history (blood relative) of:

Coronary heart disease (heart attack, angina, coronary bypass)	Yes	No
Diabetes Mellitus	Yes	No

Signed: .....

Date: .....

Is there any other information that you think we should know?

**Alcohol:** 1 unit of alcohol is equivalent to half a pint of beer, one glass of wine or sherry or one measure of spirits