

Health Questionnaire



INDEPENDENT HEALTH GROUP

Patient Name

D.O.B.

Patient Number

It is important we know about your medical problems, past and present. Please take some time to complete this form and bring it with you to your first appointment.

Please tick **Yes** or **No** to questions in this next section.

Yes / No

Do you have or have you suffered with any of the following?

Diabetes

/

[Detail](#)

Epilepsy or fits

/

[Detail](#)

Skin problems

/

[Detail](#)

Heart conditions

/

Heart attack, Angina, Heart failure, Irregular heart beat, Pacemaker etc.

[Detail](#)

Lung problems

/

Asthma, Chronic bronchitis etc.

[Detail](#)

A blood clot in the leg/lung

/

Deep vein thrombosis/ pulmonary embolism

[Detail](#)

A bleeding or coagulation disorder

/

[Detail](#)

Do you bleed or bruise very easily?

/

[Detail](#)



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Yes / No

Are you taking any of the following medications:

/

Warfarin, Dipyridamole, Persantin, Asasantin, Clopidogrel, Plavix?

Detail _____

Are you taking any contraceptives, is there any chance you could become pregnant before your operation?

/

Detail _____

Are you allergic to any medications?

/

Detail _____

Are you allergic to local anaesthetic?

/

Detail _____

Do you have a latex/skin or any other allergy?

/

Detail _____

Please list here any other medical problems, current or past.

/

Detail _____

Please list all operations you have had.

/

Detail _____

Please list all your medications, including any herbal medicines etc.

/

(It will also be necessary for you to bring either your repeat prescription form or the medications on the day)

Detail _____



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Yes / No

❖ We would like to know of any current symptoms/ problems you may have.
At the present time, are you...

generally well?

suffering with any breathing difficulties?

having any chest pains?

suffering from dizziness or blackouts?

suffering with any skin complaints?

/

/

/

/

Detail

❖ Would you estimate that you drink more than the recommended amount of alcohol?

ie 21 units for men & 14 units for women per week (one unit being half a pint of beer or a small glass of wine).

/

❖ Will you have someone to take you home?

/

❖ Will you have someone to look after you over the first couple of days, and stay with you overnight?

/

❖ Is there anything else that we didn't know to ask that if we had known to ask would have helped us to look after you better?

/

Detail

*Thank you for taking the time to complete this form.
Remember to bring it with you for your first visit, we look forward to seeing you then.*



INDEPENDENT HEALTH GROUP

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