

# IMPERIAL COLLEGE HEALTH CENTRE HEALTH QUESTIONNAIRE

Please complete ALL SECTIONS in BLOCK CAPITALS

## PERSONAL DETAILS ALL PATIENTS

1 Title  Mr  Miss  Other .....  
 Mrs  Dr

2 Family Name .....

3 Forenames .....

4 Calling Name .....

5 Date of Birth 

day	month	year							

6 Sex  Male  Female  
7 Marital Status  Single  Married

8 Occupation .....

Question 9 →

10 Address in London 

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11 Flat number or Room number if in Halls

12 Post Code .....

Questions 13 to 19 →

20 Mobile Tel ..... 21 Land Tel .....

22 E-mail .....

## ETHNICITY ALL PATIENTS

- White British
- White other
- Black Caribbean
- Black African
- Black other
- Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Asian other
- Mixed ethnicity:
  - White + Asian
  - White + Black Caribbean
  - White + Black African
  - Other mixed ethnicity
  - Other ethnic group
  - Decline to say

## STUDENTS AND STAFF only

13  Imperial College  
Department .....

Campus.....

Royal College of Music

14 Status  Undergraduate

Postgraduate

Staff

Family of .....  
FULL name of student/staff

15 Year of Entry .....

16 Expected length of course/appointment ..... mths/yrs

### NEXT OF KIN

Please provide details of a friend or relative we can contact in case of an emergency..

18 Name .....

Relationship .....

Contact Tel.....

## LIFESTYLE INFORMATION - ALL PATIENTS - Please tick as appropriate

23a SMOKING  I have never smoked  I am a current smoker →  I am an ex-smoker →  
Amount per day ..... 23b.....  
*Smoking damages your health. Did you know that it can make you impotent, it reduces your orgasmic potential and it increases your risk of cervical cancer - Give it up!*

24 ALCOHOL CONSUMPTION [1 pint of premium beer = 2.5 units] [single measure spirit = 1 unit] [1 glass of wine = 1 unit] [1 pint of beer = 2 units] [1 alcopop = 1.5 units]  
 I do not drink  On average I drink ..... units/week  
*The recommended maximum is Men 21 units per week Women 14 units per week If you drink more than this, cut down!*

25 DIET  Meat-eater  Vegetarian  Vegan *Aim to eat 5 portions of fruit and vegetables a day.*

26 HEIGHT .....metres/feet

27 WEIGHT .....kilograms/stone

Question 28 →

28 EXERCISE On average each week I do  
 No regular exercise  1 to 3 x 20min sessions [20 minutes of walking = 1 session]  More than 3 x 20min sessions  I am a competitive athlete  
*If you would like advice on a weight problem please make an appointment with the practice nurse.*

## FEMALE PATIENTS ONLY - We offer a full range of contraceptive services – please make an appointment to see a nurse

29 Current method of contraception  Not needed  Long Acting Reversible Contraception  
 Condoms  Oral Contraceptive Pill

CERVICAL SMEARS [Also called PAP tests] *A smear is a test on well women to detect early signs of cervical cancer. It is recommended for all women aged 25 - 65yr, every 3 years.*

30 25yr olds and over  My last smear test was on 

day	month	year							

  
- at  NHS GP  UK Private  
 NHS Hospital  Abroad  
- result  Normal  Other .....

I have never had a cervical smear test If over 25yrs, please ask to speak to the nurse.

I had a hysterectomy on 

day	month	year							

**Under 25yr olds** Smears are not usually recommended under 25yr, but IF you have had one please complete this section.

**34 MEDICAL HISTORY** Please tick if you have ever suffered from any of the following problems

*If you have ever suffered from any of these you may be contacted for a health check when you register (see below).*

- |   |  |
|---|--|
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Kidney disease  |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Lung disease    |
| <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Mental illness  |
| <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Stroke or TIA   |
| <input type="checkbox"/> Heart disease              | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Hepatitis or liver disease | <input type="checkbox"/> Tuberculosis    |

*If you are CURRENTLY ON TREATMENT for any of these you may need a health check when you register(see below).*

- Are you CURRENTLY on treatment for this?
- |  |                             |                              |
|--|-----------------------------|------------------------------|
| <input type="checkbox"/> Stress, anxiety or depression → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Asthma →                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Eating problems →               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Stomach or bowel disease →      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If any of the above apply to you, or if you have any other health problem, please give details (describe problems, when they occurred, treatment received, whether they still exist).

**35 CURRENT MEDICATION** (Including contraceptive pills, inhalers, HRT, medications from the chemist, herbal and homeopathic medicines)

**36 ALLERGIES** (e.g. drugs, hay fever, Elastoplast)

Question 36 →

**37 DISABILITY** Do you suffer from any disability which may require special treatments or facilities?

**38 FAMILY HISTORY** Family member

- Breast Cancer .....  
 Ovarian Cancer .....  
 Bowel Cancer .....  
 Asthma .....  
 Diabetes .....  
 Glaucoma .....

- Heart Attack aged under 60yrs .....  
 Angina aged under 60yrs .....  
 Stroke aged under 60yrs .....

Family member

**39 Do you have any children?**  
 (Give age, gender and whether or not they live with you)

Question 39 →

**40 VACCINATIONS**

↓ Tick if you are SURE you have had these

If you know the date, write it here. Otherwise just be as accurate as you can.

- |                                       |                      |                      |                      |
|---------------------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> MMR 1st      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                       | day                  | month                | year                 |
| <input type="checkbox"/> MMR 2nd      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                       | day                  | month                | year                 |
| <input type="checkbox"/> Meningitis C | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                       | day                  | month                | year                 |

*You need to be SURE you have had all THREE of these vaccinations. If you have not, or you are unsure, please ask a member of staff.*

**THESE VACCINATIONS ARE FREE\***

\*The Meningitis C Vaccination is only available free for patients under 25 years old.

For children under 6yrs please ask for a separate form

**HEALTH CHECKS** You may be asked to have a health check when you register if:

- you are registering with us for National Health Service GP care
- have any ongoing medical problems OR
- have a significant medical history (see above) OR
- take regular medication OR
- are over 40yrs of age OR
- are a local resident (i.e. not affiliated with Imperial College or RCM)

**41 Signature** ..... **42 Date**

**Chlamydia**  
 Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK; affecting both men and women. Most people who have it will have no symptoms, without a test you will probably not know anything is wrong. If you are sexually active and under 25 you should be tested for Chlamydia annually.  
**Would you be interested in taking the free simple test?**  
 Yes  No

Office use only

OK to go

Asked to supply further information

Advised requires vaccination

Needs health check

Updated 7/11 GB  
Office use only

www.  
**imperialcollegehealthcentre**  
 .co.uk

Take this form to the Health Centre.  
**Even if you do not normally need to see the doctor**  
 it is important to do this  
**AS SOON AS POSSIBLE**  
 to allow us to obtain your notes before you need us.

Imperial College Health Centre  
 40 Prince's Gardens  
 London SW7 1LY  
 healthcentre@imperial.ac.uk  
 +44 (0)20 7584 6301