

31 Family Name 32 Forename 33 Date of Birth

day	month	year

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 will need a health check when you register (see below).

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

- Cancer
- Diabetes
- Epilepsy
- High blood pressure
- Heart disease
- Hepatitis or liver disease
- Kidney disease
- Lung disease
- Mental illness
- Stroke or TIA
- Thyroid disease
- Tuberculosis

- Are you CURRENTLY on treatment for this?
- Stress, anxiety or depression → No Yes
 - Asthma → No Yes
 - Eating problems → No Yes
 - Stomach or bowel disease → No 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).

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

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

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Question 36 →

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

38 FAMILY HISTORY

Family member		Family member
Breast Cancer	Heart Attack aged under 60yrs
Ovarian Cancer	Angina aged under 60yrs
Bowel Cancer	Stroke aged under 60yrs
Asthma	
Diabetes	
Glaucoma	

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

Question 39 →

40 VACCINATIONS - Under 25yr olds ONLY

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.

MMR 1st

day	month	year

MMR 2nd

day	month	year

Meningitis C

day	month	year

Under 25yr olds ONLY

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.

THIS IS IMPORTANT

THESE VACCINATIONS ARE FREE

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
- AND
- have any ongoing medical problems OR
- have a significant medical history (see above) OR
- take regular medication OR
- are over 45yrs of age OR
- are a local resident (i.e. not affiliated with Imperial College or RCM)

41 Signature 42 Date

day	month	year

Chlamydia

Are you under 25?

You may not know you have Chlamydia.

Chat to someone from the Health Centre team about taking the free simple test.

Office use only

OK to go

Asked to supply further information

Advised requires vaccination

Needs health check

Updated 8/08 DH
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.

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