

Title: _____ Full Name: _____ Date of Birth: ____ / ____ / ____

Family History

- Do you have a family history of any of the following? Family member (e.g. Mother, Father, Sister, Brother etc.)
- Bowel Cancer Relative: _____
 - Breast Cancer Relative: _____
 - Prostate Cancer Relative: _____
 - Blood Pressure High / Low Relative: _____
 - Cholesterol High / Low Relative: _____
 - Diabetes Type 1 / Type 2 Relative: _____
 - Heart Disease Stroke / Heart Attack Relative: _____
 - Asthma Relative: _____
 - Other: _____ Relative: _____

Current / Past Illness (Operation / Serious Illness)

- Cancer Bowel / Prostate / Breast / Lung / Skin / _____
- Blood Pressure High / Low
- Cholesterol High / Low
- Diabetes Type 1 / Type 2
- Heart Disease Stroke / Heart Attack
- Osteoarthritis / Osteoporosis
- Asthma
- Previous Operations _____
- Other _____

Allergies

Reaction

- No Known Allergies
- Penicillin Rash / Coughing / Sweats / Vomiting / _____
- Codeine Rash / Coughing / Sweats / Vomiting / _____
- Other Medication _____ Rash / Coughing / Sweats / Vomiting / _____
- Peanut Rash / Coughing / Sweats / Vomiting / _____
- Other _____ Rash / Coughing / Sweats / Vomiting / _____

SOCIAL HISTORY

Occupation: _____ Retirement date: _____
Marital Status: *Single* ___ *Married* ___ *Separated* ___ *Divorced* ___ *Widowed* ___ *Other* _____
Does the patient have any children? Yes / No How many: _____
Is the patient an "Elite Athlete": Yes / No
Live with: Spouse / Relatives / Friend / Alone
Are you a carer for someone? Yes / No
Do you have a carer? Yes / No / Self
Carer's Name: _____ Carer's Relationship to you: _____
Do you wish to identify yourself as belonging to a specific religious group?

SMOKING HISTORY

Non Smoker / Ex-Smoker / Smoker
Cigarettes / Cigar / Pipe
Year Started _____
Number per day _____
Year Stopped _____

Please circle Status

Not ready to quit / Ready to Quit / Attempted to quit / Quit

ALCOHOL HISTORY

Non Drinker / Occasional / Moderate / Heavy
Year Started _____
Year Stopped _____
Days per week _____
Standard Drinks per day _____

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