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Patient Health Questionnaire

Full Name

Date of Birth

Name and relationship of emergency contact

Tel. Number Home_____ Mobile_____

Do you consent to being contacted by text? Yes ☐ No ☐

Are you or do you have a carer? I am a carer ☐ I have a carer ☐

Height Weight

Have you ever smoked? Yes ☐ No ☐

Current smoker? How many per day? ☐

If you smoke, we advise you contact the practice for information on how to stop or you can phone the Smoke Free Helpline on 0800 84 84 84

Has a relative suffered from Heart Disease / Stroke under the age of 55? Yes ☐ No ☐
If "Yes" please tell the doctor or nurse to discuss a cholesterol test.

Do you drink alcohol? Yes ☐ No ☐

How many units of alcohol per week? 1 unit = half pint of 4% beer, 175ml glass of 13% wine, 25ml measure of spirits ☐

How often do you have a drink containing alcohol? Never = 0
Monthly or less ☐ 2-4 times monthly ☐ twice week ☐ 3 times weekly + ☐

How many standard drinks containing alcohol do you have on a typical day?
1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 or more ☐

How often do you have 7 or more drinks on one occasion?
Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

Do you have a confirmed diagnosis of any of the following conditions? Please circle

Asthma	**COPD**	**Chronic Kidney Disease**
Coronary Heart Disease	**Diabetes**	**Heart Failure**
Hypertention	**Hypothyroidism**	**Stroke**

Do you have any other medical conditions?

Are you currently taking any of the following drugs? Please circle

Penicillamin	**Sulfasalazine**	**Methotrexate**
Sodium Authiomale	**Leflunomide**	**Azathiopine/6-Mercaptopurine**
Mesalazine & Spironolactone	**Denosumab**	

If you are currently on any other repeat medication, please list below or attach a copy of the right side of your repeat prescription.

Any known allergies to drugs or other materials?

Any known family history conditions?

Ethnic Category – please circle

British - Irish - Other White - White & Black Caribbean - White & Black African

Indian - Pakistani - Bangladeshi - Other Asian - Black Caribbean - Black African

Other Black - Chinese - Other (please state) _____