KILLEARN HEALTH CENTRE NEW PATIENT MEDICAL HISTORY

NAME		DATE OF B	BIRTH		
ADDRESS		MARITAL.	STATUS		
		OCCUPATI	TON		
HOME TELNO _		MOBILE			
E MAIL ADDRESS					-
EMERGENCY CON	TACT NAME	TE	ELEPHONE		
ARE YOU A CARE	2? IF 50	O FOR WHO?	•		
DO YOU HAVE A	CARER?	CONTACT DETAI	TLS		
		:			
Current health Pr	. •				
			· .		
Previous illnesses					
Current Medicati	•				
Allergies				•	
Family History					
SMOKING	Do you smoke? If yes, how many? Did you ever smoke?		Do you drink alcohol?Amount weekly?		
EXERCISE	What type? How often?				
Female Patients	•				
Number of Pregn	ancies			*	
Date of Last Cer	vical Smear				

there any particular reason why you Joined Killearn Health Centre: Sthere any particular reason why you Joined Killearn Health Centre: Choose ONE section from A to E then tick ONE box which best describes your ethnic group of ackground White Scottish English Welsh Northern Irish British Gypsy/Traveller Polish Any other white ethnic group, please write in Any other white ethnic groups Any mixed or multiple ethnic groups Any mixed or multiple ethnic groups Pakistani Pakistani Scottish or Pakistani British Indian, Indian Scottish or Indian British Chinese Chinese Scottish or Chinese Chinese Scottish or Chinese Chinese Scottish or Chinese Chinese Scottish or African British Other, please write in D African, Caribbean or Black African, African Scottish or Black British Caribbean British Black, Black Scottish or Black British Other, please write in Other, please write in		
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Other, please write in: