



**LIFESTYLE**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

How much exercise do you do? light / moderate / heavy / other

What and how often? \_\_\_\_\_

Do you have a special diet? Yes / No Details: \_\_\_\_\_

**MEDICAL HISTORY**

Do you suffer from any of the following (please circle each condition that applies):

Epilepsy Hay fever Angina Diabetes Eczema

Heart Attack Asthma High B/P Stroke Cancer

Emphysema Lung Problems Bypass Surgery Kidney Disease

Learning Disability Mental Health (depression / Alzheimer's disease / etc)

Thyroid Problems: Yes / No Hyper-active (over) / Hypo-active (under)

Please list any other serious or long term illnesses, operations or disabilities (with approximate dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on any medication / tablets, including the contraceptive pill?

Please list, including dose and frequency: \_\_\_\_\_

\_\_\_\_\_

Do you have an allergy to any medication? Yes / No

Please list: \_\_\_\_\_

\_\_\_\_\_

When was your last: Tetanus booster? \_\_\_\_\_

Polio Booster? \_\_\_\_\_

**FAMILY HISTORY (parents / brothers / sisters)**

Is there any family history of the conditions mentioned on the previous sheet? Yes / No

Who:	Condition:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR WOMEN ONLY**

When was your last cervical smear done? \_\_\_\_\_

Where was it done? \_\_\_\_\_

Result? \_\_\_\_\_

Have you ever had any abnormal results? Yes / No

When? \_\_\_\_\_

Have you had a Hysterectomy? Yes / No When? \_\_\_\_\_

Have you had a Mammogram? Yes / No When? \_\_\_\_\_

Result? \_\_\_\_\_

Have you had children? Yes / No

Name: \_\_\_\_\_ DOB / Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL PATIENTS**

**I declare that all the information I have given is correct to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Where did you hear about the surgery?** \_\_\_\_\_

## Ethnic Origin

Please tick the box which best describes your ethnic origin.

### White

- British  
 Irish  
 Any other White background

### Asian or Asian British

- Indian  
 Pakistani  
 Bangladesh  
 Any other Asian background

### Mixed

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background

### Black or Black British

- Caribbean  
 African  
 Any other Black background

### Other Ethnic Groups

- Chinese  
 Any other Ethnic group

### Prefer not to state

- 

## LANGUAGE

Main spoken language? \_\_\_\_\_

**THANK YOU FOR YOUR HELP**

**Dr A R Ferris, Dr C Dain, Dr S Trevor, Dr B Small, Dr S Ramanathan, Dr A Yeboah, Dr P Ng**