

Database

Date:

Title:

Surname:

Forename:

Address:

Date of Birth:

Religion:

Country of Origin:

Tel No:

Single Married Divorced Separated Widowed Living with Partner

Previous Medical History

What illness have you had in the past?

Year	Illness

What operations have you had?

Year	Operation

Exercise: How often do you exercise?

0 times/week 1 times/week
2 times/week 3+times/week

Alcohol: Alcohol Consumption units/week

Smoking:

Never smoked

Passive smoker

Current Smoker

Ex-smoker

Cigarette smoker per/day

Ex-cigarette smoker per/day

Pipe smoker oz/week

Ex-pipe smoker oz/week

Rolls own oz/week

Ex-rolled tobacco oz/week

Cigar smoker per/day

Ex-cigar smoker per/day

Date stopped smoking:

