



Do you have a close family history of heart disease or stroke? If yes please give details (This means mother or father, sister or brother, daughter or son who either suffer from, or who have died from heart disease or stroke of any sort.)	Yes/No If Yes who and with what illness?
Any Family History of Diabetes Mellitus?	Yes/No If Yes who?

**Please list any current medication that you are taking:**

Medicine	dosage and frequency	reason

**Please list any drug allergies:**

**HIV TESTS**

All adult patients in London are now being offered a free HIV test when they register with a new GP.

The Department of Health recommends this as 100,000 people in the UK are now living with HIV, half of them live in London, and 1 in 5 do not know they have it.

Free effective treatment is available now to all on the NHS regardless of immigration status.

If you would like to have a blood test done please ask your doctor or nurse at your next consultation or tick this box and we will contact you.

**IMMUNISATIONS**

**ADULTS**

Tetanus	
Polio	
Travel Vaccinations Please list	

**CHILDREN (under 10 years)**

Diphtheria/Tetanus/ Whooping cough) & oral polio Meningitis C / HIB	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>
Diphtheria/tetanus /whooping cough(Usually pre-school booster)	
Measles/Mumps/Rubella (MMR)	
Any others? (Please list)	
e.g. BCG (13-14 yrs)	
Dip/Tet/Polio (13 – 14yr	

**FEMALES ONLY**

How many pregnancies have you had?	
Are you using contraception? If so which type (please name if using a pill)?	
When and where did you last have a cervical smear?	