

IX. ST GEORGE'S HEALTH CHECK QUESTIONNAIRE



HOW ARE YOU FEELING NOW?	
HAVE YOU ANY LONG-STANDING HEALTH PROBLEMS? <i>IF YES, GIVE DETAILS</i>	
ARE YOU ALLERGIC TO ANYTHING? <i>IF YES, GIVE DETAILS</i>	
DO YOU NEED HELP TO GO OUT? <i>IF YES, GIVE DETAILS</i>	
DO YOU VISIT HOSPITAL A LOT? <i>IF YES, GIVE DETAILS</i>	
HAVE YOU SEEN ANYONE FOR HELP WITH WORRIES OR FEELINGS RECENTLY? <i>IF YES, GIVE DETAILS</i>	
WHEN DID YOU LAST SEE YOUR OWN DOCTOR?	
DO YOU TAKE MEDICINE OR TABLETS FROM THE DOCTOR OFTEN? <i>IF YES, GIVE DETAILS</i>	
DO YOU BUY ANY OTHER MEDICINES OR DRUGS? <i>IF YES, GIVE DETAILS</i>	
DO YOU SMOKE? <i>IF YES, GIVE DETAILS</i>	

HAVE YOU HAD INJECTIONS? TICK BOXES, PUTTING DATES, IF KNOWN

- AS A CHILD
- TB
- HEPATITIS A/B
- TETANUS
- FLU

HAS ANYONE YOU KNOW DIED RECENTLY?
GIVE DETAILS

--

HAVE ANY NEAR RELATIVES DIED YOUNG?
GIVE DETAILS IF AGED LESS THAN 60

--

