



<p><b>Allergies to medications or experienced any other allergic reactions</b></p> <p>Do you have any allergies ? <b>YES/NO</b></p> <p>If Yes please list:</p> <p>.....</p> <p>.....</p>	<p><b>Immunisations</b></p> <p>When did you last have a tetanus booster?</p> <p>.....</p> <p>Tetanus Boosters are recommended at ages 45 and 65 years</p>
<p><b>Lifestyle: Exercise</b></p> <p>How much exercise do you do?</p> <p>Daily / 2-3 times in a week / once weekly Or less often</p> <p>Do you think your exercise is:</p> <p>Light / moderate / or strenuous</p>	<p><b>Smoking – the best thing you can do for your health is quit!</b></p> <p>Current smoker ..... per day</p> <p>Do you consent for our staff to refer you to the Quit Service? .....</p> <p>Never smoked</p> <p>Ex-Smoker – stopped .....</p> <p>How many per day were you smoking at that time?</p> <p>.....</p> <p><b>What is your alcohol intake per week?</b></p> <p>Glasses of Wine .....</p> <p>Measures of Spirits .....</p> <p>Beer – cans / stubbies .....</p>
<p><b>Women Only</b></p> <p>Date of your last Cervical Smear</p> <p>.....</p> <p>Have you ever had an abnormal smear requiring treatment?</p> <p>Yes / No / Not Sure</p> <p>Have you had a hysterectomy and been advised that you no longer need to have smears?</p> <p>Yes / No / Not Sure</p>	<p><b>Women Only</b></p> <p>Date of your last mammogram</p> <p>.....</p> <p>Do you have a history of breast cancer?</p> <p>Yes / No</p> <p>If aged between 45 and 69 years, are you enrolled in the National Breast Screening Programme?</p> <p>Yes / No / Not Sure</p> <p>If not enrolled in Breast Screening and are eligible, do we have your consent to enrol you on this programme?</p> <p>Yes / No, I decline Enrolment</p>