Lifestyle Clinic. Introductory Questionnaire

Please answer the following questions which will your doctor to individualise your check up.									
All information provided remains completely confidential.									
Name:									
Address:									
Date of birth:									
General Lifestyle Questions									
Do you smoke?	□ Yes	□ No	☐ Previously						
How often do you drink alcohol?									
□ Daily	☐ 1-2 Times a week ☐ 3-4 Times a week								
☐ Weekly	☐ Monthly								
How often do you	ı exercise?								
□ Daily	☐ 1-2 Times a week ☐ 3-4 Times a week								
☐ Weekly	☐ Monthly								
What type of exercise do you take?									
☐ Walking	☐ Running	☐ Golf	☐ Gym	☐ Other					
How many portions for fruit/vegetables do you eat per day?									
□ 0	□ 1-2	□ 3-4	□ 4 - 5	☐ More than 5					

How many portions of sweets, cakes, chocolates, and biscuits do you eat per day?								
□ 0	□ 1-2	□ 3-4	□ 4-5	☐ More than 5				
Do you feel stressed due to your work, home life or financial pressures?								
Yes □	No □	Intermittent	ly 🗆	Regularly □				
Do you feel stressed due to your work, home life or financial pressures?								
Yes □	No □	Intermittent	ly 🗆	Regularly □				
Medical History								
Have you ever suffered from? (Please tick relevant boxes)								
☐ Heart attack or Angina								
□ Rheumatic Fever								
☐ High Blood Pressure								
☐ High Cholesterol								
☐ Asthma								
☐ Bronchitis / Emphysema								
☐ Cancer Please specify type								
☐ Thyroid Disorder								
☐ Allergies								
☐ Migraine								
☐ Blackouts / Seizures								
☐ Stroke / Mini – stroke								
If you have a family history of any of the conditions above, please provide details below								

If you have ever been hospitalised in the past or had any operations, please provide details below
Please list any medication that you are currently being prescribed or taking as over the counter treatments such as herbal remedies
General Health
Is there any other aspect of your health that you would like to discuss? Yes \Box No \Box
If yes, please provide details below
Please give your completed questionnaire to your doctor

Thank You