Name: ______________________________

Date of Birth: _____ / _____ / _____

PRE-ADMISSION HEALTH QUESTIONNAIRE

GENERAL MEDICAL HISTORY	YES (Please Tick)	NO (Please Tick)	Comments & Further Information	Staff use
(Please Circle) Epilepsy / fits / seizure			Last Seizure: Treatment:	
(Please Circle) Strokes / mini strokes / MS / Motor Neurone Disease / brain surgery			Any residual weakness or symptoms?	
Parkinson's Disease			Treatment:	
(Please Circle) Short Term Memory loss / confusion / dementia			Details:	
(Please Circle) Mental illness / nervous breakdown / anxiety attacks / depression / psychosis			Details:	
Have you ever experienced drug or alcohol withdrawl?			Specify:	
Have you been diagnosed with chronic pain?			Specify:	
Faints / Black outs / dizzy spells / Migraine			Details:	
Fall in the past 12 months			Details:	Falls Risk Assessment
Physical Disability – Mobility aids			Specify: Please bring to hospital	☐ By PAC ☐ On Admission
Reflux / hiatus hernia / gastric ulcers Renal impairment eg. dialysis				
Cancer			Location: Date diagnosed ____ / ____ / ____ ☐ Chemotherapy ☐ Radiotherapy	
Pregnant N/A			Due date ____ / ____ / ____	If yes, advise [illegible]
Last menstrual period			Date ____ / ____ / ____	
Breastfeeding N/A				
Impairment ☐ Vision ☐ Hearing			Aids used:	
Do you have glaucoma?			Treatment:	
Dental problems			Specify:	
Do you have dentures			Specify:	
Limited jaw movement			☐ Caps ☐ Crowns ☐ Loose teeth	

INFECTION CONTROL ASSESSMENT				Staff use
(Please Circle) Have you had a cough/cold/ chest infection recently?			Currently taking antibiotics? ☐ Yes ☐ No Surgeon aware? ☐ Yes ☐ No	Infection Control notified ☐ Yes ☐ No
Have you had any illnesses such as gastroenteritis, or been in contact with someone who has had chicken pox within the last 14 days			Specify:	___ / ___ / ___
Do you have a FAMILY HISTORY of Creutzfelt Jacob Disease (CJD) or progressive neurological disorder of less than 12 months duration?				**Staff use** Infection Control notified ☐ Yes ☐ No
Do YOU have acute dementia or progressive neurological disorder of less than 12 months duration?				___ / ___ / ___
Were you a recipient of a dura mater graft prior to 1990?				Infection Control to manage ☐ Yes ☐ No
Have you been a recipient of human pituitary-derived hormones for infertility or short stature prior to 1985?				___ / ___ / ___ No further action required as per plan ☐ Yes ☐ No
Have you been involved in a *"Look Back"* study for CJD or are in the possession of a *"Medical in Confidence Letter"* regarding risk of CJD?				___ / ___ / ___

MRY