

# Dr Martin Nixon

IMC no. 23445

Shandon Bells Medical Centre  
St Marys Primary Care Centre  
Bakers Road  
Gurrabraher  
Cork  
Tel: 021 4301745

Millgrove Surgery  
Well Road  
Cork

Tel: 021 4294668

## Patient Health Questionnaire

Name:

Date of Birth:

Address:

Tel No:

GMS No (If Applicable):

Date of Birth:

Do you enjoy good health?

Have you suffered any medical problems in the past? If so what?

What ongoing medical problems do you have?

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Have you ever been in hospital before? If YES for what reason?

Do you take regular medication?  
(Please list all medication and dose)

Do you suffer any allergies or had any allergic reaction to medication? (eg penicillin, aspirin) Or to anything else? (bee stings, plasters, foods)

Is there any family history of medical problems (eg high blood pressure, heart disease, diabetes, cancers)

Are you left or right handed?

What is your occupation?

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Are you currently working?

Do you smoke? If so how many cigarettes per day?

Do you drink alcohol? If so how many units per week?

What is the name and address of your previous GP?

Who lives with you at home?

Signature:

Date: