

# Health Profile

## Coventry University Students

Dr Johnson & Partners Medical Centre  
The Hub, Jordan Well, Coventry CV1 5QP  
Tel: 024 7659 2012  
www.covunigp.co.uk

In order for the Doctor to assess your health needs, please answer as many of the following questions as you can:

### PERSONAL DETAILS

Today's date:.....

Full Name:				
Date of Birth:	Height:	Weight:		
Town & Country of Birth:				
Coventry Address		Home Address		
Postcode:		Postcode:		
Coventry/Mobile Tel No: Are you happy for us to contact you by text ? YES <input type="checkbox"/> NO <input type="checkbox"/>		Home Tel No:		
Email Address: Are you happy for us to contact you by email ? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Emergency Contact & Telephone Number:				
Ethnic Group (please tick)	White British <input type="checkbox"/>	Other White <input type="checkbox"/>	Mixed <input type="checkbox"/>	Asian Indian <input type="checkbox"/>
	Asian Pakistani <input type="checkbox"/>	Asian Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Black British - Caribbean <input type="checkbox"/>
	Black British <input type="checkbox"/>	Other Black <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>
Main spoken language.....			.....	

### DETAILS OF UNIVERSITY COURSE AND DATES

Title of Course	
Start Date:	Completion Date:

### Please list any IMPORTANT ILLNESSES

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### Please list any Medication currently being taken

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**Please note: if you are taking any medication, you will need to see a Doctor before you ask for a repeat prescription.**

### Please note down any allergies to antibiotics or other medication

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### Female Students

Have you had a smear/PAP test in a country other than the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please can you provide a copy of the result
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Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, would you like help to stop smoking? Yes <input type="checkbox"/> No <input type="checkbox"/>
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*If you would like a short health check, please make an appointment with the Practice Nurse.*

*Please note: We offer a full contraception and Chlamydia Screening service. If you would like advice, please make an appointment with the Practice Nurse.*

**When complete, please hand this form in to reception ~ thank you**