

New Patient Questionnaire

Please complete this form and return to reception

1. Personal details

Surname

Forename (s)

Date of birth

 / /

Mobile number

Home number

Email

Address

Post Code

Occupation

Weight

Height

2. Smoking and alcohol

Please tick as appropriate

I have never smoked

I am a current smoker

How many do you smoke a day?

I am an ex-smoker

Date Stopped

 / /

What is your average intake of alcohol per week?
(units or amount?)

Unit Guide

1 Pint premium beer = 2.5 units

175ml glass of wine = 2 units

Single sprit = 1 unit

1 pint of beer = 2 units

1 bottle of wine = 9 units

1 alcopop = 1.5 units

3. Medical history

Are you currently suffering from any illness?

Past significant illness and operations

Current medications

Allergies

4. Family history

Do any close family members suffer from or have they ever suffered from the following:

	Yes	Relationship to you
Diabetes		
High blood pressure		
Heart disease		
Stroke		
Asthma		

5. Immunisation Information (children under 6 years old)

Vaccination received

Please tick as appropriate

	Yes	No	Date	GP Surgery	Other
1 st Triple and Hib					
2 nd Triple and Hib					
3 rd Triple and Hib					
1 st MMR					
Pre-school booster					
2 nd MMR					
Meningitis C (1 st 2 nd 3 rd single dose)					

6. Female Patients

Have you ever had a smear test? Yes No

If so, when was it done? ___ / ___ / ___

Was the result normal? Yes No

Where was it taken? GP Surgery Other

Are you using any form of contraception?

If yes, what do you use?

The pill

Injection

The coil

Other

7. Emergency contact details

Please supply details of who we can contact in an emergency

Surname

Forename

Best contact number

Address

Relationship to you

8. Other

Ethnicity

Languages spoken

Summary Care Records

The NHS is creating a centralised electronic record for all patients. We recommend that you inform yourself about the Care Record on the Connecting for Health website here:

www.connectingforhealth.nhs.uk/systemsandservices/scr

Unless you actively opt out it will assume that you agree for your health records to be shared with health professionals within the NHS. You can find an opt-out form here:

www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/aboutscr/comms/pip/optout.pdf