



NEW PATIENT QUESTIONNAIRE – PATIENTS 16+

ID Seen	Tick	Initial
Passport		
Drivers Licence		
Utility bill		
Med Card		

Please complete this questionnaire in full. As this will enable us to treat and give you advice accordingly while we wait for your medical records to reach us from your previous GP, as this can take some time.

Full Name:		D.O.B:	
Address:			
	Postcode:		
Occupation:	Email:		
Telephone No:	Mobile No:		
May we contact you via text message for appt reminders etc? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you currently registered with the NHS in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, do you know your NHS number?			
Smoking status: Current Smoker <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Never Smoked <input type="checkbox"/>			
If yes, how many do you smoke a day on average?			
Do you have any hereditary disease in your family? (if yes, please list which family member)			
Have you had any serious illnesses or operations?			
Do you have any long term conditions? i.e Diabetes, COPD, Heart Disease			
Are you allergic to any medication?			
Are you taking any medication? (Including oral contraceptive)			
Next of kin:		Relationship:	
Contact Details:			

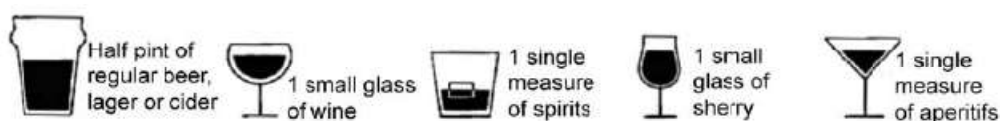
Are you a carer? If Yes, please give details of who you care for:	
Are you cared for?	

If Yes, please give details of who cares for you:

Women only

If over 25, year of last smear?	
If over 50, year of last breast screening?	
If you have a coil/implant when was it fitted?	
Have you had a hysterectomy? (If yes, what year)	
Are you currently pregnant?	

This is one unit of alcohol...



...and each of these is more than one unit



ALCOHOL CONSUMPTION -Please circle one for each question

QUESTIONS	0	1	2	3	4
How often do you have 8(men)/6(women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
ONLY ANSWER THE QUESTIONS IF YOUR ANSWER ABOVE IS MONTHLY, WEEKLY OR DAILY					
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Ethnicity -Please tick

British		British/ mixed		African	
Caribbean		Chinese		Indian/British	
Irish		Other Asian		Other Black	

Other Mixed		Other White		Pakistani/British	
White & Black African		White & Asian		Bang/British Bang	
White & black Caribbean		Ethnicity not stated:			

Other Helpful Information -

Have you ever served in the Armed Forces?	
Do you need an interpreter?	Yes <input type="checkbox"/> <input type="checkbox"/>
Do you have any information or communication needs? If so what are they?	

If you would like this letter or information in an alternative format, please inform the surgery of this request.

You are entitled to make an appointment for a health check with a GP or a Nurse. Please ask at reception or telephone 01562 822 015 for Aylmer Lodge or 01562 850 770 for Cookley to make an appointment. Please bring a sample of urine with you to this appointment.