Glemsford Surgery

CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NEW PATIENTS

To the Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the Clinician make an initial assessment of your health which will help in your future treatment. If you have indicated that you are taking medication, you will be invited to attend a new patient assessment at the earliest convenience.

Name:	Date of Birth:
Address:	Postcode:

Telephone Contact Details

Home:	Work:	Mobile:

Would you like to receive SMS Text message reminders about your appointments? YES/NO

Marital Status

Single	Married	Cohabiting	Separated	Divorced	Widowed

Occupation:	

Next of Kin:	

CARERS

Do you need/have anyone who looks after you or your daily needs as a Carer?	YES/NO
If "Yes" would you like them to deal with your health affairs here? (A Receptionist can help with these arrangements)	YES/NO
Do you care for anyone else? If "Yes" ask the Receptionist about Carers Support	YES/NO

PERSONAL MEDICAL HISTORY

Weight:	Height:

ALLERGIES

Do you have any allergies? If "Yes", please give details:	YES/NO

SMOKING

Do you smoke?	YES/NO
If Yes, how many? Cigarettes per day …… Cigars per day …… Ounces of tobacco per day ……	

How old were you when you started smoking?	
Would you like advice to help stop?	YES/NO

EX-SMOKERS

When did you stop smoking?	
How much did you smoke per day?	

ALCOHOL

How many units of alcohol do you drink per week? *(1 unit = half pint of beer, 1 glass of wine, or a pub measure of spirits)*	

EXERCISE

Do you take regular exercise	YES/NO
If Yes, what sort of exercise?	
How many times per week?	

FAMILY HISTORY

Is there any of the following in your family *(father, mother, brother or sister)* before age of 65?

Heart disease (heart attacks, angina)	YES/NO	Which family member?	
Stroke	YES/NO	Which family member?	
Cancer	YES/NO	Which family member?	
Site of cancer			

MEDICATION

1. Please give details of any medication which you take (prescribed or otherwise) including contraception.
2. If you have regular prescribed medicine, you will need an appointment to see a GP. It may be useful to bring in a copy of your prescription list from your previous surgery.
3. Which pharmacy would you prefer to collect your medication from?

Glemsford	YES/NO
Other – please state	YES/NO

4. Are you happy for your Dr to sign your scripts electronically and send them to your nominated pharmacy digitally? YES/NO

Name of drug	Dosage

DO YOU SUFFER FROM ANY CHRONHIC MEDIAL CONDITIONS?

e.g. Asthma, Diabetes, COPD, Heart Disease, Kidney Disease or Hypertension (high blood pressure)

ANY RECENT VACCINATIONS/IMMUNISATIONS

Please list	

FEMALE PATIENTS

Would you like to receive advice on contraception from the Practice?			YES/NO
Have you had a cervical smear recently?	YES/NO	DATE	
What was the result?	NORMAL/ABNORMAL		
Have you ever had any abnormal smears?	YES/NO	DATE	
Have you had a Hysterectomy?	YES/NO	DATE	
Have you ever had a Mammogram? Was it normal?	YES/NO YES/NO	DATE	
Have you ever been pregnant? Were there complications?	YES/NO YES/NO	How many times?	

PATIENT ETHNIC ORIGIN

This section follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E and then tick ONE box to indicate your background.

		Please Tick	
A	White		British
			Irish
			Any other white background
B	Mixed		White and Black Caribbean
			White and Black African
			White and Asian
			Any other mixed background:
C	Asian or Asian British		Indian
			Pakistani
			Bangladeshi
			Any other Asian background:
D	Black of Black British		Caribbean
			African
			White and Asian
			Any other black background:
E	Chinese		Chinese
			Any other:

Patient Signature:	Date:

Thank you for completing this questionnaire. A Clinician will assess the information provided and may invite you for an initial examination/discussion about your health and general check.