

QUESTIONNAIRE FOR ALL NEW PATIENTS

Please complete the questionnaire to enable your Doctor to get to know you, your medical history and any current problems.

The information will be handled confidentially, but if you are concerned about any of the questions, please leave them blank.

It will be necessary for you to make an appointment for a Registration check. This consultation will involve a check on your past and present health, current medication and measurement of height, weight, BP and a urine test – please bring a sample of urine with you in any clean bottle or may be available from reception when you make your appointment.

PLEASE NOTE THAT IF YOU DO NOT TURN UP FOR YOUR APPOINTMENT WE WILL DESTROY THE FORMS AND YOU WILL BE ASKED TO COMPLETE NEW ONES.

1. Surname..... First names.....

Previous surname..... Mother's name.....

Telephone No. (home) Work..... Mobile.....

Date of birth..... Ethnicity..... Country of Birth.....

Marital status (Married/Divorced/Widowed/Single/Separated)

Present address.....

Occupation..... Previous GP.....

Previous Address

*Do you look after someone..... *Does someone look after you.....

2. PAST illnesses (please list with dates)

3. PRESENT medications including any purchased at chemists.....

4. Allergies.....

5. What regular exercise do you do?.....

6. How many units of alcohol do you consume on a weekly basis? Spirits..... Beers..... Wine.....

Others..... Never drink alcohol.....

7. Do you smoke? If so, how many per day..... Ex-smoker/Never smoke

8. Immunisations: Please give dates:

Tetanus..... Polio..... Flu Pneumococcal

Travel Vaccinations..... BCG.....

Typhoid (1)..... Hep A (1)..... Hep B (1).....

Typhoid (2)..... Hep A (2)..... Hep B (2).....

Hep B (3)..... Hep B Booster.....

9. FAMILY HISTORY Please complete this section as it is very important for us to have this information. Have any of your blood relatives suffered with any of the following. Please specify who and when.

Diabetes..... High Blood Pressure.....
Angina/heart disease..... Stroke.....
Asthma.....Epilepsy.....
Mental illness (depression,,schizophrenia,manic illness)
Kidney disease.....Thyroid disease.....
Cancer and which organ involved.....
Age if alive..... Age at death.....
Cause of death.....

10. For women only as appropriate

How many children have you had?..... Please give dates and any complications.....
.....
Which method of contraception are you using.....Date of last cervical smear.....
Was it normal YES/NO..... Where was it done? GP surgery/Family planning clinic/other.....
Have you had a hysterectomy YES/NO. If yes please give date.....
Have you had a mammogram YES/NO. If yes please give date.....

11 HEALTH CHECK

Height.....Weight.....Exercise.....B/P.....Urine.....

Have you been asked to leave or been removed from your current GP.....YES/NO

11. NEXT OF KIN (Who can we contact in an Emergency):

Full Name **Telephone No:**

Relationship

*** DEFINITION OF A CARER**

Individuals irrespective of age, who provide or supervise a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

The term “carer” would not normally apply if the person is:

- a paid carer
- a volunteer from a voluntary agency
- anyone providing personal assistance for payment either in cash or kind

A carer can be a child looking after an older person or parent, or an older person looking after a disabled partner. The definition may be quite wide-ranging.

The person being cared for may, or may not be, registered at the Carer’s practice.

Where the person being cared for is registered elsewhere the practice will not be able to identify routinely where this relationship has ceased. Periodically, the Carer may be asked to re-confirm his / her status. Where the person being cared for is a registered patient, the relationship can be re-affirmed more often, and major events just as death or de-registration may initiate a change of status from practice-held information.