

RED PRACTICE, WHITEFRIARS SURGERY

New Patient Questionnaire

Please complete this form as fully as possible. The information will be of importance to provide you with good medical care until we receive your medical records.

Section 1 to be completed by ALL New Patients

Name		DOB			
Occupation		Nationality			
Ethnic Group Please select from options or state other:	British	White Mixed	African	Bulgarian	Indian
	Scottish	White Mixed	Asian	Polish	Pakistani
First Language :	Translator required Yes <input type="radio"/> No <input type="radio"/>				
Please give the name, telephone number, address & relationship of your Next of Kin:					

Section 2 to be completed by ALL PATIENTS OVER 16 YEARS OF AGE

Please tick if you do NOT wish to receive SMS text reminders for appointments and recalls? <input type="radio"/>	
Mobile phone number	
Are you a smoker? Yes <input type="radio"/> No <input type="radio"/>	Have you ever smoked? Yes <input type="radio"/> No <input type="radio"/>
How many cigarettes do you smoke a day?	
The date you stopped smoking	

Do you drink alcohol?	Yes <input type="radio"/> No <input type="radio"/>
Approximately how much per week?	

Your Height	
Your Weight	
Your Blood Pressure	
There is a Blood Pressure machine and a scale in Area 5 of the waiting room for your use	

Women only

Have you had a cervical smear test? Yes No Year

Have you had breast screening? Yes No Year

Please give present state of health and any serious illnesses in the family (if deceased,

Father

Mother

Brothers

Sisters

Children

When was your last tetanus and/or polio vaccination?

Have you any allergies? If yes, what are they?

REPEAT MEDICATION - The doctor may wish to see you before you order any medication.

Please name any medication which may upset you?

Please make an appointment with the doctor if you have any concerns about your health.

Are you an unpaid carer? Yes No

Do you have a carer? Yes No

Please give the name and address of the person who cares for you or you care for.

Have you an Advance Directive (Living Will)? Yes No

If Yes, may we have a copy to file in your medical record?

If No and you would like to know more about this, ask at reception for information.