

# dunsmedicalgroup

## New Patient Questionnaire

Please complete **both sides** of this form fully. Ignore italics – for office use only.  
If you have any difficulties our reception staff will be happy to help.

**SURNAME**

**FORENAME(S)**

**DATE OF BIRTH**

**MARITAL STATUS**

**ADDRESS**

**PHONE NUMBER(S)**

**OCCUPATION**

**POSTCODE**

**NATIONALITY**

*.13 stem*

### Which ethnic group do you belong to?

White British  Other white ethnic group  Black British  Other black ethnic group  Asian   
Chinese  Mixed ethnicity  Other ethnic group...details.....

I do not wish to answer this question  *.9SD..*

*Not recorded .9SE..*

**Have you lived in a country, other than the UK, for longer than 3 months in the last 5 years?** If so, where ? \_\_\_\_\_

**Do you smoke?** Yes  No  I gave up in \_\_\_\_\_

**If you do, would you like advice on how to give up?** Yes

If you wish further advice and support please make an appointment with our practice nurse or ask at reception for further information.

**How many units of alcohol do you consume in an average week** \_\_\_\_\_

(one unit equals half a pint of beer, a standard glass of wine or single measure of spirits)

**What is your height in cm?** \_\_\_\_\_ **What is your current weight in kg?** \_\_\_\_\_

**Do you have any of the following medical conditions?**

**Please give details below**

- Coronary Heart Disease** (Heart attack or angina)
- Stroke or Transient Ischaemic Attack** (Mini stroke)
- High Blood Pressure**
- Atrial Fibrillation**
- Diabetes**
- Hypothyroidism** (Under active thyroid, on thyroxine)
- Asthma**
- Chronic Bronchitis, Emphysema or COPD**
- Epilepsy**
- Cancer**
- Dementia**
- Depression**
- Learning difficulties**
- Long term Mental Health problems** (e.g. schizophrenia, bipolar disorder)
- Kidney Disease**

(women only) **When and where did you last have a cervical smear?** \_\_\_\_\_

**Are you a carer (someone looking after or supporting a partner, friend, or relative who cannot manage without help) ?** Yes  *.918G* No

**If so, whom (optional)?** *.918F*

**Have you had any other serious illnesses or operations?** Please give details below

*No relevant PMH .14Z1*

**Please list all regular medication you are taking at the moment**

Name	Strength	Daily Dose
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**Please list any allergies you have**

*.TJ stem*

### Family History

Do you have a brother, sister, parent or child with any of the following conditions:

**Angina or heart attack** before the age of 60  *.12C2*

**Diabetes**  *.1252*

No significant family history  *.1154.*

Is there any other illness that runs in your family? Please give details below

### Your Blood Pressure

It is good practice to measure your blood pressure **at least every 5 years** if you are aged over 45. Please make an appointment with our practice nurse for this purpose if you have not had this done recently. Our practice nurse can also provide a general 'well person check' if you wish

**Thank you for your cooperation.**

*For practice use only.*

*Coded/computer.....  
History not obtained .116..*

*Previous records requested urgently..... date.....  
Appt with Practice Nurse... Appt with GP.....*