

The Oliver Street Surgery

Dr John Lockley, Dr Serajul Haque and Dr Janet Bietzk

New Patient Questionnaire

Welcome to The Oliver Street Surgery. Please help us by completing this questionnaire as accurately as possible and bring it along to the surgery when you attend for your new patient check appointment. Please also bring a specimen of urine in a clean container. Please ask at reception for a specimen bottle.

This information is required to help us provide you with the best possible medical care.

Name:	
Date of birth:	
Address and postcode:	
Telephone (include home, work and mobile)	Home Work Mobile
Are you a Carer? (If so, please give details) The surgery registers carers in order to ensure that our patients with this added responsibility receive the appropriate consideration and support required.	

ALLERGIES Please circle one option

Are you allergic or sensitive to anything (including medicines)? YES/NO
If yes please state.....

SMOKING (PLEASE TICK THE ANSWER THAT APPLIES TO YOU)

NEVER SMOKED		
EX SMOKER	WHEN DID YOU STOP SMOKING?	
SMOKER	HOW MANY ON AVERAGE PER DAY DO YOU SMOKE?	
WHAT DO YOU SMOKE?	CIGAR/CIGARETTES/PIPE OR OTHER?	

The doctors at the Practice strongly recommend that if you smoke, you take steps to give up smoking.

Smoking Cessation advice is available at The Surgery

For the NHS smoking helpline call 0800 169 0 169

If you are pregnant and want to stop smoking, you can call 0800 0130553

CONTRACEPTION **Women only**

Are you currently using any form of contraception?..... YES/NO
If yes, please give details.....
If using the contraceptive pill, when was your last pill check?.....

ETHNIC ORIGIN

White		Pakistani		Mixed race	
West Indian		Bangladeshi		Other	
Chinese		Afro-Caribbean			

FAMILY MEDICAL HISTORY **Please tick relevant boxes:**

Medical history	Personal	Family (Mother/Father/Brother etc)
Asthma		
Heart attack/angina/heart disease		
Cancer		
High Cholesterol		
High Blood Pressure		
Stroke		
Epilepsy		
Diabetes		

Next of Kin:

Name of relative..... Relationship.....
Contact telephone number.....

LIFE STYLE FACTORS - EXERCISE - Please classify what level of exercise you currently undertake

No exercise taken	
Exercise on average 4 times in 4 weeks	
Exercise on average 5-11 times in 4 weeks	
Exercise on average 12+ times in 4 weeks	
Exercise is intensive i.e. vigorous activity more than 12 times in 4 weeks (e.g. athlete)	

What type of exercise do you undertake?

Agreed principles between Doctor and Patient:

Please read this carefully and sign the form showing us that you understand the details regarding the medical care we aim to provide our patients.

1. Appointments are made for one person at a time. Please do not bring anyone else unless they have their own arranged appointment.
2. Patients arriving late for an appointment may be asked to rearrange it.
3. Patients' who frequently do not attend appointments with a doctor or nurse without cancelling, may be removed from the list.
4. The Doctor will always try to see appropriate medical emergencies on the day.
5. Please remember home visits are for those too ill to attend surgery.
6. Please note that there is a 48 hour processing period for repeat prescription requests.
7. Please read the practice leaflet.

Thank you

Patient's signature..... Date.....

Clinician's signature..... Date.....