



YELVERTON SURGERY NEW PATIENT HEALTH QUESTIONNAIRE

Welcome to Yelverton Surgery. As a new patient it would be helpful if you could answer the following questions.

PERSONAL DETAILS

Name:

D.O.B:

Address:

Home Tel:

Mobile:

Work Tel:

Email:

(By providing your email address you are agreeing to us contacting you from time to time via email.)

Occupation/School:

Marital Status:

Children:

Ethnic Origin (please circle):

White British

White Irish

White – other*

Bangladeshi

Indian

Pakistani

Chinese

Asian – other*

Black Caribbean

Black African

Black – other*

Asian/White mix

Black/White Caribbean mix

Black/White African mix

Other mix*

Any other ethnic group*

*Enter additional details here if you wish.....
.....

First language (e.g. English):

Do you have a carer? YES NO

If yes, who cares for you?.....

Are you a carer? YES NO

If yes, who do you care for?.....

HEALTH DETAILS

Gender: Male Female

Height:cm/ft.....in

Weight:kg/st.....lb

• **SMOKING**

Do you smoke? YES NO

If YES: How many do you smoke per day?

If NO: Have you ever smoked? YES NO

How many did you smoke per day?

Date stopped:/...../.....

Should you wish to stop smoking, advice and help is available from Devon NHS Primary Care Trust. Please ask at reception for details.

• **ALCOHOL**

Question	Score					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times / month	2-3 times / week	4 or more times /week	
How many standard alcohol drinks do you have on a day when drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

You may be asked to fill in a further questionnaire at your New Patient Check with the Practice Nurse.

Standard Alcohol drinks = units

1 pt beer = 2 units

1 glass of wine (175ml) = 2 units

1 alcopop = 1.5 units

1 small can lager = 1.5units

1 single measure spirits = 1 unit

1 bottle of wine = 9 units

1 bottle of spirits = 28 units

An information leaflet on alcohol is available at www.yelvertonsurgery.co.uk.

Click on 'Useful Information' and then the link 'Alcohol – How much is too much?'

- **Medications:**

Please give full details of medications and doses currently being taken (continue on a separate sheet if necessary).

Patients on four or more repeat medications may be invited to come and see our Practice Pharmacist, Catherine Arscott, for a medication review. You will be contacted at a later date if you require an appointment.

- **Major Illnesses / Operations / Hospital admissions**

(Please include dates where possible)

Major Illnesses

Operations

Hospital Admissions

- **Allergies**

Do you have any allergies to medications?

(Please give full details)

Do you have any other allergies?

(Please give full details)

FAMILY HEALTH DETAILS

Have any close (blood) relatives had any of the following conditions?

Heart Attack/Angina

Stroke

Diabetes

High Blood Pressure

Cancer

To complete your registration with the Practice, we require Photo I.D e.g. Driving License or Passport and where possible, proof of address e.g. a utility bill.

- Ø All new patients are encouraged to make an appointment with the Practice Nurse for a new patient health check, particularly if you are aged 45 years and over. Please arrange an appropriate appointment when you return your registration forms to the receptionist.
Please bring your repeat prescription slip from your previous surgery to your new patient check. This enables us to provide continuity of treatment.
It would also be helpful if you could bring a sample of urine with you to your appointment.
- Ø Women under the age of 50 should have a cervical smear test every 3 years, or every 5 years if over the age of 50. If you think you may be due to have a cervical smear test, please make an appointment to see the Practice Nurse.
- Ø If you suffer from asthma or COPD, it is important that you are regularly reviewed by our Asthma Nurse, Meg Burnie. If you have not been reviewed in the past year, please make an appointment in one of our asthma clinics.
- Ø We recommend an annual flu vaccination for all patients over the age of 65, as well as those in priority groups. Government priority groups include patients with diabetes, asthma, COPD, heart disease, a history of stroke or TIA, kidney or liver illness and low immunity. Carers are also entitled to a flu jab

Many thanks for your time and co-operation.

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FOR OFFICE USE ONLY:

ID SEEN: INITIALS:

SCAN: