

NEW PATIENT INFORMATION CARD

DATE

SURNAME

FIRST NAME (S)

FULL ADDRESS

.....

Email :.....

TEL.NO. HOME OCCUPATION

MARITAL STATUS DATE OF BIRTH

RELIGION..... ETHNICITY.....

COUNTRY OF ORIGINSEX

IS YOUR MAIN LANGUAGE ENGLISH (Y / N) IF NO WHAT?

DO YOU NEED INTERPRETOR, IF YES WHAT LANGUAGE?.....

ARE YOU A CARER (YES/NO)

Please sign the Carer Consent form

DO YOU HAVE A CARER (YES/NO). Please provide details.....

Name.....Relation.....

Please sign the carer consent form

GENERAL HISTORY

Have you had any serious illness or operations, X-rays or similar tests and when?

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.....

What medicines are you taking?

.....

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Have you any allergies to medicines or anything else?.....

How much tobacco or cigarettes do you smoke per day?.....

Do you have any communication need? (Y/N).....

(If YES, PLEASE FILL THE ACCESSIBLE INFORMATION FORM)

