Dr K Khare
Stonydelph Health Centre

NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

To the Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. [Note: All patients must attend a new patient assessment with the Practice Nurse with 2 weeks of registration – please book your appointment now]

Surname: ..... Forename(s): .....

Date of Birth: ..... Marital status: .....

Address: .....

..... Postcode: .....

Home tel: ..... Mobile: .....

Email address: .....

Occupation: .....

Weight (approx): ..... Height: .....

Place of birth: ..... 1st Spoken Language .....

Date of completion of this form: .....

Do you have any information or communication needs eg require large print, braille, British Sign Language Interpreter?

.....

.....

SMOKING

Do you smoke? Yes / No

If Yes, how many:
Cigarettes per day ..... Cigars per day ..... Ounces of tobacco per day .....
How old were you when you started smoking? .....

EX-SMOKERS

How old were you when you stopped smoking? .....
How much did you smoke per day? .....

PASSIVE SMOKING

Are you exposed to smoke at work? Yes / No At home? Yes / No

ALCOHOL

For the following questions please circle the answer which best applies
1 drink = 1/2 pint of beer or one glass of wine or 1 single spirits

Men: How often do you have EIGHT or more drinks on one occasion?
Women: How often do you have SIX or more drinks on one occasion?

Never *Less than monthly* *Monthly* *Weekly* *Daily or Almost Daily*

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never *Less than monthly* *Monthly* *Weekly* *Daily or Almost Daily*

How often during the last year have you failed to do what was normally expected of you because of drinking?

Never *Less than monthly* *Monthly* *Weekly* *Daily or Almost Daily*

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No *Yes on one occasion* *Yes on more than one occasion*

DIET

Do you add salt to your food after cooking? Yes / No

Do you have a varied diet including milk, meat, vegetables and fruit? Yes / No

Has your Cholesterol been checked in the last 2 years? Yes / No

EXERCISE

Do you take regular exercise? Yes / No

If yes, what sort of exercise? .....
How many times per week? .....

FAMILY HISTORY

Is there any of the following in your family *(father, mother, brother, sister)* before age of 65?
Heart Disease (heart attacks, angina) Yes / No Which family member? .....

Stroke? Yes / No Which family member? .....
Cancer? Yes / No Which family member? .....
Site of cancer? .....

MEDICATION

Please give details of any medication which you take or attach your repeat slip (prescribed or otherwise):

Name of drug: .....
Dosage: .....

Name of drug: .....
Dosage: .....

Name of drug: .....
Dosage: .....

ALLERGIES

Are you allergic to any substances or foods? Yes / No

If yes, please give details:
.....
.....

PAST MEDICAL HISTORY

Please give details of any hospital treatment as an in-patient:
.....

Please give details of any treatment for any chronic medical conditions:
.....

Please give dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound:
.....

IMMUNISATIONS

Dates of Triple/polio/HIB: .....

Dates of MMR: .....

Date of last Tetanus: .....

FEMALE PATIENTS

Date of most recent cervical smear: .....

Result of most recent smear: .....
Please give details of any complications in pregnancy:
.....

CARERS

Do you need / have anyone who looks after you or your daily needs as Carer? Yes / No
If "Yes", would you like them to deal with your health affairs here? Yes / No
(the receptionist can help with these arrangements)

Do you care for anyone else? Yes / No
If "Yes", ask the receptionist about Carers support

Thank you for completing this questionnaire. Your doctor will assess the information provided and will invite you for an initial examination, discussion about your health, and general check within the next few days.