

NEW PATIENT QUESTIONNAIRE

Date:

PERSONAL DETAILS

Surname:		Address:	
Maiden Name:			
Forenames:			
Date of Birth:	Tel: Mobile:	Postcode:	
Last Address:		Last GP:	
		Address:	

Please tick the appropriate box and fill in dates where applicable.

Have you previously been a patient of this practice? YES NO

MARITAL STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Dates:				

VOCATION

Present Job:	Date Started:
Previous Jobs:	Dates:
Spouse/Partner's Occupation:	

OTHERS AT YOUR PRESENT ADDRESS

	Name	Age	Relationship to you
1.			
2.			
3.			
4.			
5.			

Please complete the reverse side.

PLEASE LIST ANY SIGNIFICANT PAST ILLNESSES AND OPERATIONS

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PRESCRIBED MEDICATION

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ARE YOU ALLERGIC TO ANY MEDICATION?

Please specify:

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SMOKING

Do you smoke now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many per day?	
Have you ever smoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many per day?	
When did you stop smoking?	

ALCOHOL INTAKE

Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many units per week on average?	units
(1 unit = half pint of beer, one measure of spirits or one glass of wine)	

CHOLESTEROL

Have you ever been found to have a raised cholesterol level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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FAMILY HISTORY

Have any of your close family (PARENTS, BROTHERS OR SISTERS) suffered from the following problems?			
Heart attack, coronary thrombosis or angina under the age of 60	<input type="checkbox"/> Yes	12C2	<input type="checkbox"/> No
Treatment for high blood pressure	<input type="checkbox"/> Yes	12C1	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	12C4	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	1252	<input type="checkbox"/> No
Raised cholesterol	<input type="checkbox"/> Yes	1262	<input type="checkbox"/> No

WHICH ETHNIC GROUP DO YOU BELONG TO?

Please tick one box which is most appropriate to you.

White ⁹⁵¹ Pakistani ⁹⁵⁷ Black Caribbean ⁹⁵²

Bangladeshi ⁹⁵⁸ Indian ⁹⁵⁶

Black African ⁹⁵³ Chinese ⁹⁵⁹

Other (please specify)..... ⁹⁵⁵

Or I prefer not to answer this question. ⁹⁵⁰