

Kippen Surgery

New Patient Questionnaire

Welcome to Kippen Surgery. Please help us by providing some information about yourself. The information provided is confidential and will be held as part of your Medical Records.

Date: _____ Mr / Mrs / Miss / Ms / Other (please circle)

Name: _____ Date of Birth: _____

Address: _____

Post Code: _____ Occupation: _____

Phone No: _____ Mobile No: _____

Medical History –

1. Do you or have you had any of the following? –

Asthma		Thyroid Disease	
Diabetes		Arthritis	
High Blood Pressure		Eczema	
Stroke		Hay Fever	
Heart Attack		Peptic Ulcer Disease	
Epilepsy		Any bowel Disorder	
Chronic Bronchitis		Anxiety / Depression	
Cancer		Other	

Please Detail – e.g. date / age of onset

2. Please list any operations or injuries in the past –

3. Please list any medicines you may be sensitive of allergic to and your reaction –

4. Please list any medication you are currently taking –

Height: _____ Weight: _____ BP: _____ Unanalysis: _____

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What is your Ethnic Group?

Please tick the box which best describes your ethnic group or background – Thank you.

A White

- | | | | |
|--------------------------|---|--------------------------|------------------|
| <input type="checkbox"/> | Scottish | <input type="checkbox"/> | British |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Irish |
| <input type="checkbox"/> | Welsh | <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | Northern Irish | <input type="checkbox"/> | Gypsy/ Traveller |
| <input type="checkbox"/> | Any other white ethnic group, please write in | | |

B Mixed or Multiple Ethnic Groups

- Any mixed or multiple ethnic group

C Asian, Asian Scottish or Asian

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Chinese, Chinese Scottish or Chinese British
- Other, Please write in

D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in

E Other Ethnic Group

- Arab
- Other, please write in

If you do not wish to give this information, please tick here