

NEW PATIENT QUESTIONNAIRE (OVER AGE 16)

TODAY'S DATE:

SURNAME:

FORENAMES:

D.O.B.

PREVIOUS NAME(S):

TELEPHONE NO:

MOBILE NO:

ADDRESS:

PREVIOUS ADDRESS:

PREVIOUS GP:

PERSONAL AND MEDICAL HISTORY

Please give dates and any other information where possible.
There is space overleaf to add more information.

- Please list any serious illnesses or operations you have had, including dates if possible.
- Please list any current chronic medical problems that you have now.
- Are you on any medication? Please attach a list if available. Include names of drugs and dosages, including herbal remedies, supplements and medication that you buy.
- Please tell us if you have any allergies. What are you allergic to?
- Do you have hearing or eyesight problems, or any other any special communication needs?
- Please tell us if you need an interpreter; if so, which language?
- Are you a carer for someone? Y/N
- We have a carers' register to help us pass on any useful information to you. Would you like your name to be added to the register Y/N
- Do you smoke? If so, how much do you smoke?
- Do you drink alcohol? If so, how many units do you drink each week?

Please Turn Over

HAVE YOU GOT A COPY OF OUR PRACTICE LEAFLET?

Please ask for one. Did you know we have an excellent website?

Services, self-referral and advice, all available online at:

www.benbeculamedicalpractice.co.uk

FOR WOMEN ONLY

How many pregnancies have you had including miscarriages?

	Date:	Type of delivery/problems	Male/Female
1			
2			
3			
4			

What was the date of your last smear? What was the result?

Are you currently using any contraception? If so, please state type and method, so that we can continue to provide this.

FAMILY HISTORY

We are interested in your **close** relatives; parents, children, brothers and sisters. We are not looking for information about aunts, uncles, cousins and grandparents.

	YES	NO
• Have any of your close relatives had heart disease, including heart attacks, heart failure, angina, heart bypass surgery, before the age of 65?	<input type="checkbox"/>	<input type="checkbox"/>
• Have any of your close relatives had a stroke or TIA before the age of 65?	<input type="checkbox"/>	<input type="checkbox"/>
• Have any of your close relatives had diabetes, including type 2 diabetes or non-insulin dependant diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
• Have any of your close relatives had ovarian cancer?	<input type="checkbox"/>	<input type="checkbox"/>
• Have any of your close relatives had bowel cancer before the age of 55?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have more than one relative who has had breast cancer on either side of your family? Please include cousins, aunts, uncles, and grandparents, nephews and nieces as well as sisters, brothers, parents and children.	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have more than one relative who has had bowel cancer? Please include cousins, aunts, uncles, and grandparents, nephews and nieces as well as sisters, brothers, parents and children.	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a power of attorney?	<input type="checkbox"/>
Do you have a welfare guardian?	<input type="checkbox"/>
Do you have an advance care directive?	<input type="checkbox"/>

Do you have a learning disability?	<input type="checkbox"/>
Do you have memory problems?	<input type="checkbox"/>
Do you have a physical disability?	<input type="checkbox"/>

If you have a power of attorney or welfare guardian organised, we will need to see a copy for our records. This will ensure that we contact the right person when you need help.

ADDITIONAL INFORMATION

This space is for you to tell us any other important information that will help us provide the best care for you. What are the main risks to your health at the moment? You can attach an extra page if you wish.

Please hand the completed form to the surgery. All patients are entitled to a registration medical; please ask for an appointment. If you are aged between 40 and 70, and otherwise well, you may be offered a health screening check including a cholesterol test.