

New Patient Questionnaire

You have just joined our practice and it may be some months before your records reach us. Please answer the following questions to give your new GP a guide to your past medical history.

Date completed:

Name:	Date of Birth:
Address:	Post Code:
e-mail:	Contact Number:
Marital Status:	Occupation:
Preferred Language: Welsh <input type="checkbox"/> English <input type="checkbox"/>	Other
Ethnicity or Ethnic Group: White <input type="checkbox"/> Black <input type="checkbox"/>	Indian <input type="checkbox"/> Chinese <input type="checkbox"/>
Other	Prefer not to say <input type="checkbox"/>

Next of Kin:

Name:	Relationship to you:
Address:	Post Code:
.....	Contact Number:

Have you ever been told you have any of the following conditions?

High blood pressure	Yes / No	Date diagnosed.....
Type 1 diabetes	Yes / No	Date diagnosed.....
Type 2 diabetes	Yes / No	Date diagnosed.....
Heart disease	Yes / No	Date diagnosed..... Details.....
Mental health problems	Yes / No	Date diagnosed..... Details
Thyroid disease	Yes / No	Date diagnosed..... Details

Do you have any other medical problems that we need to be aware of at the moment?

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Medication

Please list below any regular prescribed medication (you can attach a repeat prescription list if easier)

Name of medication	Dose	How often you take it

Preferred Chemist Boots, Aberaeron

Lloyds, Aberaeron

Cervical Screening (females):

Date & result of your last cervical screening test

or Hysterectomy

Health Promotion

Do you smoke? Yes / No / Ex-smoker

If yes, how many per day: Cigarettes Pipe Cigars

Would you like help with quitting? Yes / No

Do you drink alcohol? Yes / No

If yes, how much do you drink in a week: Beer..... Wine Spirits

Current Weight: Current Height:

Carers Info:

Are you a carer? (i.e.: provide support and care for a relative who could not cope without it) Yes / No

Who do you care for? Relationship:

Do you have a carer? Yes / No Name of Carer..... Relationship

Are you willing for us to share this information with Red Cross and Social Services? Yes / No

Armed Forces Veterans

Have you ever served in the Armed Forces? Yes / No

Have you recently been discharged from the Armed Forces? Yes / No

Do you have a copy of your MoD Medical Records? Yes / No