

NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

(NB all information supplied will be recorded in your confidential medical records)

(Demographics Data set)

Surname: Forename(s):

NHS number (if known):.....

Date of Birth: Marital status:

Address:
..... Postcode:

Home tel: Mobile (if aged 16 and over):

Ethnicity:

Gender:

Language preference English / Welsh (*please delete as appropriate*)

Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare?

***Yes/No (please delete as appropriate)**

We have an electronic method of contact available for patients to contact the surgery for non urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred e-mail address for this purpose?

***Yes/No (please delete as appropriate)**

Email address:

(Lifestyle data set)

Smoking

Do you smoke? Yes / No

If Yes, how many: Cigarettes per day Ounces of tobacco per day

Alcohol

For the following questions please answer to the best of your knowledge: We have provided a basic guide to alcohol content below to assist your completion:

A 750ml bottle of wine contains 10 units

A standard (175ml) glass of wine contains 2 units

A single small shot of spirits (25ml) contains 1 unit

A standard 70cl bottle of spirits contains 28 units

A pint of 3.6% strength lager/beer/cider contains 2 units

A pint of 5.2% strength lager/beer/cider contains 3 units

Follow the link below to access more information including a guide to calculating your alcohol intake - [Alcohol units - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Or you can use Alcohol Change's calculator - [Unit calculator | Alcohol Change UK](#)

How many units of alcohol do you drink a week?

Height and Weight

Please tell us your most recent measurements for the following (if known)

Height:

Weight:

Please note, we may contact you to offer you support or advice if appropriate based on your submission.

(Medical data set)

NB: The following information you supply may assist us to provide good care for you whilst we wait for your previous medical records.

Family History

Is there any of the following in your family (*father, mother, brother, sister*) before the age of 65?

Heart Disease? 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 (prescribed or otherwise):

Name of drug	Dosage

Please attach or forward us your most recent repeat medication slip if you have one.

Allergies

Do you have any allergies? Yes/No

If Yes, please give details:

.....
.....

Past Medical History

Please give details of any treatments/medical conditions:

.....
.....

(Additional needs/requirements data set)

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
(A member of reception staff can help with these arrangements)

Do you care for anyone else? Yes/No
(If Yes, please ask the reception staff about Carers support)

Military Veteran

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

Communication

Do you have any communication/information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?

.....
.....
.....
.....

Thank you for completing this questionnaire.

HOLIADUR COFRESTRU / IECHYD CLEIFION NEWYDD

(Sylwer y bydd yr holl wybodaeth a ddarperir yn cael ei chofnodi yn eich cofnodion meddygol cyfrinachol)

(Set ddata demograffeg)

Cyfenw: Enw(au) cyntaf:

Rhif GIG (os ydych chi'n ei wybod):

Dyddiad geni: Statws priodasol:

Cyfeiriad:

..... Cod post:

Rhif ffôn cartref:

Rhif ffôn symudol (os ydych yn 16 oed neu'n hŷn):

Ethnigrwydd:

Rhywedd:

Nodwch eich dewis iaith: Cymraeg / Saesneg (*dilëwch un*)

Ydych chi'n cydsynio i'r practis gysylltu â chi drwy neges destun er mwyn eich atgoffa am apwyntiad, eich gwahodd i archwiliad iechyd, eich atgoffa am frechiad, rhoi gwybod ichi fod eich presgripsiwn neu eich nodyn salwch yn barod i'w gasglu, ac unrhyw beth arall sy'n berthnasol i'ch gofal iechyd?

*Ydw / Nac ydw (dilëwch un)

Mae gennym ddull electronig o gysylltu y mae cleifion yn gallu ei ddefnyddio i gysylltu â'r feddygfa os oes ganddynt ymholiadau nad ydynt yn frys. Ydych chi'n cydsynio i ni gysylltu â chi drwy'r dull hwn, a rhoi cyfeiriad e-bost yr hoffech chi inni ei ddefnyddio at y diben hwn?

*Ydw / Nac ydw (dilëwch un)

Cyfeiriad e-bost:

(Set ddata ffordd o fyw)

Ysmygu

Ydych chi'n ysmygu? *Ydw / Nac ydw*

Os ydych chi, sawl: *sigarét y diwrnod? owns o dybaco y diwrnod?*

Alcohol

Atebwch y cwestiynau canlynol y gorau ag y gallwch chi, hyd eithaf eich gwybodaeth. Isod, mae canllaw syml ar faint o alcohol mae diodydd gwahanol yn ei gynnwys er mwyn eich helpu i roi ateb:

Mae potel o win 750ml yn cynnwys 10 uned

Mae gwydraid safonol (175ml) o win yn cynnwys 2 uned

Mae un joch bach o wirodydd (25ml) yn cynnwys 1 uned

Mae potel safonol (70cl) o wirodydd yn cynnwys 28 uned

Mae peint o lager / cwrw / seidr â chryfder o 3.6% yn cynnwys 2 uned

Mae peint o lager / cwrw / seidr â chryfder o 5.2% yn cynnwys 3 uned

Dilynwch y ddolen isod i gael rhagor o wybodaeth, gan gynnwys canllaw ar gyfrifo faint o alcohol rydych chi'n ei yfed – [Unedau alcohol – GIG \(www.nhs.uk\)](#)

Neu fe allwch ddefnyddio cyfrifydd Alcohol Change – [Cyfrifydd unedau | Alcohol Change UK](#)

Sawl uned o alcohol ydych chi'n eu hyfed bob wythnos?

Taldra a phwysau

Nodwch eich mesuriadau diweddaraf ar gyfer y canlynol (os ydych chi'n eu gwybod)

Taldra:

Pwysau:

Sylwer: Mae'n bosib y gwnawn ni gysylltu â chi i gynnig cymorth neu gyngor, os yw'n briodol, ar sail eich atebion.

(Set ddata meddygol)

Sylwer: Gall yr wybodaeth ganlynol rydych chi'n ei rhoi inni ein helpu i ddarparu gofal da ichi wrth inni aros am eich cofnodion meddygol blaenorol.

Hanes teuluol

Oes hanes o unrhyw un neu ragor o'r canlynol yn eich teulu (*tad, mam, brawd neu chwaer*) cyn 65 oed?

Clefyd y galon?	Oes / Nac oes	Pa aelod o'r teulu?
Strôc?	Oes / Nac oes	Pa aelod o'r teulu?
Canser?	Oes / Nac oes	Pa aelod o'r teulu?
Ble mae'r canser?		

Meddyginaeth

Nodwch fanylion unrhyw feddyginaeth rydych chi'n ei chymryd (ar bresgripsiwn neu beidio):

Enw'r cyffur	Dos

Amgaewch eich slip meddyginaeth reolaidd ddiweddaraf, neu anfonwch ef ymlaen atom, os oes gennych chi un.

Alergeddau

Oes gennych chi unrhyw alergeddau? Oes /Nac oes

Os Oes, rhowch fanylion:

.....
.....

Hanes meddygol

Rhowch fanylion unrhyw driniaethau / cyflyrau meddygol:

.....
.....

(Set ddata anghenion / gofynion ychwanegol)

Gofalwyr

Oes arnoch chi angen / oes gennych chi rywun sy'n gofalu amdanoch chi neu'n gofalu am
eich anghenion dyddiol, fel gofalwr? Oes / Nac oes

Os Oes, ydych chi eisiau iddyn nhw ddelio â'ch materion iechyd yma? Ydw / Nac ydw
(Gall aelod o staff y dderbynfa helpu i drefnu hyn)

Ydych chi'n gofalu am unrhyw un arall? Ydw / Nac ydw
(Os ydych, gofynnwch i aelod o staff y dderbynfa ynglŷn â chymorth i ofalwyr)

Cyn-filwr

Ydych chi wedi gwasanaethu yn y lluoedd arfog erioed? Ydw/Nac ydw

Cyfathrebu

Oes gennych chi unrhyw anghenion o ran cyfathrebu / gwybodaeth yn ymwneud â cholli
synhwyrau? Os oes, beth ydyn nhw a sut hoffech chi inni gyfathrebu â chi?

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.....
.....

Diolch am gwblhau'r holiadur.