



New Patient Questionnaire

General Patient Information

Basic Details

Title ___ Mr/Mrs/ Ms Forename _____ Surname _____

Date of Birth _____ Country of Birth _____ Town _____

Ethnic Origin Caucasian Asian Afro Caribbean African Chinese Far East S America N America

Date of Entry in UK _____ Current UK Status British Visitor EU Student Asylum Resident

Any Other _____

Present Address _____

Previous Address _____

Land Line _____ *Mobile _____

*Next of Kin (Important)

Name _____ Relationship to you _____

Address _____

_____ Contact Number _____

Previous GP

Name of GP _____ Address _____

About You

Smoking and Drinking

Current Smoker Ex-Smoker When did you stop? _____ Never Smoked

Current Drinker How much a week? _____

Allergies

If any please give details (eg certain medications) _____

Previous History or Operations

Year _____ Condition _____ Year _____ Condition _____

Year _____ Condition _____ Year _____ Condition _____

Medication

Please list the names of the drugs you take and bring them with you when you see the nurse _____

Female Only

Date and Result of Last Cervical Smear _____

Hysterectomy. Please let us know the year _____

Children Only below the age of 5

Please enclose a copy of your Red Book for us to take details of your child's immunisations

Consent

Mobiles

From time to time we will contact you via your mobile eg for appointments.

Do you mind being contacted via Mobile SMS message? Yes No

Emails and other Communication

We are trialing contact through email, skype and smart phone in the future. Please ask at the front desk so we can give you the relevant information. Do you mind being contacted via email? Yes No

Information sharing outside your practice

It may be important that some of your information can be accessible to other organisations to help improve your patient care eg if you goto A+E and the Doctor needs access to your medication urgently. The 2 main areas are listed below.

Please tick the relevant box if you would **not** like this information shared. Please ask for more information if required.

The Summary Care Record (will contain Name, Address, NHSNo, medication, allergies and major conditions you have)

Care.Data (will contain your NHS No, PostCode and a small section of coded data we have about you)

Please complete the form and bring a specimen of urine for your Nurses Apt. You will be provided with a specimen pot

Signature _____ Date _____