**New Patient Questionnaire – Adults (16+)**

**If written, please use capitals in black ink**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal details** |  |  |  |
| Title |  | Gender |  |
| First name |  | Known as |  |
| Middle name/s |  | NHS number |  |
| Surname |  | DOB (dd/mm/yyyy) |  |
| Previous surname |  | Town & country of birth |  |
| Marital status |  | Occupation |  |
|  |  | Number of children |  |
| Home tel number |  | Mobile tel number |  |
| Work tel number |  |  |  |
| Email address |  | Preferred contact method |  |
| Next of kin (name) |  | Relationship to you |  |
| Next of kin tel no |  |  |  |  |
| Your first language |  | Interpreter required  | Yes [ ]  | No [ ]  |
| **Previous GP** |  |
| Previous GP name |   |
| Addresss |  |
| **Ethnicity** |  |
| White British  |[ ]  Asian Chinese |[ ]
| White Irish |[ ]  Asian Indian |[ ]
| White other (please state) |  | Asian Pakistani |[ ]
|  |  | Asian other (please state) |  |
| Black African |[ ]   |  |
| Black Caribbean |[ ]  Mixed White & Asian  |[ ]
| Black other (please state) |  | Mixed White & Black African |[ ]
|  |  | Mixed White & Black Caribbean |[ ]
| I do not wish to state |[ ]  Mixed other (please state) |  |
|  |  |  |  |
| **Medical history** | **Have you or anyone in your family suffered from any of the following conditions?** |
|  | Self | Family | Who? |  | Self | Family | Who? |
| Asthma |[ ] [ ]   | Diabetes |[ ] [ ]   |
| Cancer |[ ] [ ]   | Heart attack |[ ] [ ]   |
| High blood pressure |[ ] [ ]   | Stroke |[ ] [ ]   |
| Other conditions? |  | Date |  |
| Other conditions? |  | Date |  |
| **Lifestyle** |  |  |  |
| Alcohol Screening Questions | 0 | 1 | 2 | 3 | 4 |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |
|  |[ ] [ ] [ ] [ ] [ ]
| How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 or 8 | 10 or more |
|  |[ ] [ ] [ ] [ ] [ ]
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|  |[ ] [ ] [ ] [ ] [ ]
| How often during the last year have you failed to do what was normally expected of you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|  |[ ] [ ] [ ] [ ] [ ]
| Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?  | No |  | Yes, but not in the past year |  | Yes, during the last year |
|  |[ ]   |[ ]   |[ ]
| Have you ever smoked?  | Yes [ ]  No [ ]  | If you have stopped, please write when |  |
| Do you currently smoke? | Yes [ ]  No [ ]  | How many do you smoke a day? |  |
|  |  | How long have you been a smoker? |  |
| Do you regularly exercise? | Yes [ ]  No [ ]  |  |  |
| What is your height? |  | What is your weight? |  |
| **Females only** |  |
| Have you had a smear test in the last 3 years? | Yes [ ]  No [ ]  | Are you pregnant? | Yes [ ]  No [ ]  | No of weeks |  |
| What was the date of your last smear test? |  | What was the result of the test? |  |
| Do you attend a family planning clinic? | Yes [ ]  No [ ]  | Where? | Hospital [ ]  | Private clinic [ ]  |
| Do you use contraception? | Yes [ ]  No [ ]  | Which method? |  |
| Have you ever been pregnant? | Yes [ ]  No [ ]  |  |  |
| Please state the number of  | Live births |  | Miscarriages |  | Terminations |  |
| I have read the practice website. I understand how to access the service at the Practice. I agree to follow the guidelines and behave appropriately. I am aware that rudeness and aggressive behaviour are not tolerated and will result in removal. |
| Signature | Date |  | Date |  |
|  |  |  |  |  |  |  |
| Please provide a proof of address no older than 3 months; typically a bank statement, rent agreement, utility bill (but not mobile phone bill), council tax or HRMC letter. Please also provide photo ID; typically your passport, driving license or freedom pass. We will take the relevant photocopies.**If you wish to book appointments and order repeat prescriptions online please register with reception. For more details please go to our website** [**www.theredcliffesurgery.co.uk**](http://www.theredcliffesurgery.co.uk)   |