

South Molton Medical Centre

New Patient Health Questionnaire

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR REGISTRATIONS FORMS

You will be asked to make an appointment with the Health Care Assistant for a NEW PATIENT CHECK. This will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice). The Consultation will also establish relevant past medical and family history.

Your Name:		Date of Birth:	
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Smoking, Alcohol Consumption and Exercise:

Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No

If so, how many cigarettes / cigars / tobacco do you smoke in a week?		How much alcohol do you drink in a week (Units)? <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>	
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If you are a smoker and want to stop, please ask for information about our smoking cessation service.

How often do you exercise?	No. hours per week	Type(s) of exercise	
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Please tell us any significant medical History, illnesses you have had and when

What operations have you had and when ?

Please state any allergies and sensitivities you have:

Are there any serious diseases that affect your Parents, Brothers or Sisters (<i>tick all that apply</i>)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer
	Asthma	Stroke	High Blood Pressure	Breast Cancer
	Thyroid Disorder		Any other important Family Illness?	

If you take any tablets or medication regularly you will need to make an appointment with the GP before we can issue further supplies.

SPECIFIC NEEDS: Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):		
Are you an 'Assistance Dog' User?	Yes / No	
Please state any physical disabilities you have:		
Please state any requirements you have to be able to access the Practice premises		
Please state any Religious or Cultural needs:		
Do you require the help of a Translator / Interpreter?	Yes <i>Please state</i>	No

Thank you for completing this form

For more information about the services we offer, Please refer to your New Patient Pack or see our Website: www.southmoltonmedicalcentre.co.uk

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