

ORCHARD SURGERY

NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

Dear Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor/nurse to make an initial assessment of your health which will help in your future treatment.

Surname: Forename(s):

Date of Birth:

Address:

Home tel: Mobile:

Email address:

Weight(*scales in waiting room*): Height:

ETHNIC ORIGIN/FIRST LANGUAGE

Please indicate your ethnic origin and first language. This is not compulsory but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Please tick the relevant box:

White:

Mixed:

British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Other White (Please write below)	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
	<input type="checkbox"/>	Any other mixed background (Please write below)	<input type="checkbox"/>

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Asian or Asian British:

Black or Black British:

Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other Asian (please write below)	<input type="checkbox"/>	Any other black background (please write below)	<input type="checkbox"/>

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Chinese or other ethnic group:

Chinese	<input type="checkbox"/>	Any other please write below	<input type="checkbox"/>
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****First Spoken Language - Please write clearly in the box below:****

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SMOKING

Do you smoke? Yes / No (Please Circle) How many per day?

I used to smoke but have given up Yes/No (Please Circle)

I have never smoked (Please Circle)

Would you like to be referred to our Smoking Cessation Clinic? Yes/No (Please Circle)

(If no please code 8IAj)

ALCOHOL

How many units of alcohol do you drink per week?

(1 unit = half pint of beer, 1 glass of wine, or a pub measure of spirits)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

MEDICAL HISTORY

Have you been diagnosed with any of the following:

- Heart Disease Yes / No Please give details.....
- Stroke Yes / No Please give details.....
- Cancer Yes / No Please give details
- Asthma Yes / No Please give details
- High Blood Pressure Yes / No Please give details
- COPD Yes/No Please give details
- CKD (kidney disease) Yes/No Please give details
- **Diabetes**** Yes / No Please give details

(please pass to Helen to refer to relevant services)**



FAMILY HISTORY

Is there any of the following in your family (*father, mother, brother, sister*)? (please circle)

- Heart Disease Yes / No Please give details.....
- Stroke Yes / No Please give details.....
- Cancer Yes / No Please give details
- Asthma Yes / No Please give details
- High Blood Pressure Yes / No Please give details
- Diabetes Yes/No Please give details

ALLERGIES

Are you allergic to any substances or foods? Yes / No (please circle)

If yes, please give details:

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Are you housebound? Yes / No

CARERS

Do you need / have anyone who looks after you or your daily needs as a Carer? Yes / No

What is the name and contact number of your carer?

.....

Are you a carer for anyone? Yes / No

Please give details?

MILITARY VETERANS:

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

Are you happy for us to record this in your

medical recordsYes/No

NEXT OF KIN

Please provide name and contact number of your next of kin

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Date of completion of this form:

Thank you for completing this questionnaire. Once the information has been reviewed you may be invited for a health check with the Health Care Assistant.

If you need to see a doctor or nurse to discuss your health please ask the reception staff.