

New Patient Health Questionnaire

Please note that we cannot register you, unless proof of address and photo ID are provided.
Please fill in all the sections below using BLOCK CAPITALS

First name

Surname

Home Tel Mobile

Spoken Language

Ethnic origin

Email address

By giving us your email address you are agreeing we can contact you this way. We will not share this address with any external organisations
By giving us your mobile number you will automatically get text message reminders

Do you have a carer? YES NO If so, please provide name and number

Are you a registered carer? YES NO If so for who _____

Do you have a disability/sensory loss? Deafness Blindness Deaf/blind learning disability

If yes, what's your preferred communication method? Phone Text Email BSL Easy read
 Braille Lip reading Written information

Do you smoke? Never smoked tobacco Ex-smoker ____ a day Current smoker ____ a day

If you smoke would you like help to quit? YES NO

Do you suffer from any serious or chronic diseases? (ie Diabetes, high blood pressure, asthma etc)

Please state: _____

Do you have a family history of any of the following conditions? (please provide relationship and age)

Heart problems over 60 YES NO _____

Heart problems under 60 YES NO _____

Stroke YES NO _____

Other (please state) _____

Do you take any current medications? Please state medication and dosage or attach a prescription sheet

(Ladies only: Please state if you are using prescribed contraception. If you have a coil, please state when fitted.)

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 a week	4+ times a 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	

Would you like to be able to book appointments and request your prescriptions online? (If yes, please allow 7 days, then collect your login information from reception) YES NO

For admin use only:

	Date	Initials
ID seen		
Notified patient of named GP		
Allocated patient named GP		
Patient access info printed		
Carer information added to record (where appropriate)		