

Hornchurch Healthcare

New Patient Questionnaire – Please fill in all sections

SURNAME:	FORENAME:
ADDRESS:	OCCUPATION:
NEXT OF KIN:	DO YOU HAVE A CARER, IF SO WHO:
	DO YOU HAVE A REGISTERED DISABILITY:
	FOR CHILDREN, PLEASE PUT NAME OF PARENT
HOME PHONE NO.:	DATE OF BIRTH:
WORK PHONE NO.:	COUNTRY OF BIRTH:
E-MAIL:	

Please inform the surgery whenever you change contact details or address

ETHNIC ORIGIN – Please tick

White Black Asian Oriental Other – please specify _____

MAIN LANGUAGE SPOKEN: _____

SMOKING STATUS – Please tick

Never smoked

Ex-smoker – stopped when _____

Current smoker – If you would like help to stop smoking, we can help you with our **free** NHS stop smoking clinic. Would you be interested?

Yes – please contact reception for appointments

No

WEIGHT _____ **HEIGHT** _____

If you are over 16 years of age, please answer the following by ticking the box that is appropriate to your answer.

Questions						
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

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EXERCISE – please tick appropriate box

- Light – e.g. gardening, walking, housework
- Moderate – e.g. team sports, regular activity, dancing, cycling, exercise classes
- Heavy – e.g. 3 to 4 times weekly training, sports involvement
- Unable to exercise

PAST MEDICAL PROBLEMS – Please list below any previous diagnosed long term problems or operations, eg: asthma, heart disease, appendicectomy

Problem	Year

REPEAT MEDICATIONS – Please list below medications including over the counter remedies you take on a continuous basis

Medication	Dosage	Medication	Dosage

DO YOU HAVE ANY ALLERGIES?

- Yes – please state allergy: _____
- No

IMPORTANT:

Thank you for filling in the above questionnaire. This will help us in your registration with our practice. Welcome to our practice.

If you are on regular medications prescribed by your previous GP, you will need to make an appointment with Dr Tran for a new patient medication review. Please bring your medications along with you.

If you are sent for any blood tests or investigations, such as cervical smears, chest x-rays, it is important that you contact the surgery for the results. For blood tests please call the surgery 4-5 days after test, x-rays 3 weeks and cervical smears 6 weeks.

It is important that you call for the results as it provides a fail safe mechanism that you will be notified of results and alert the surgery if any results are lost.

Please sign below you have understood the above information.

Date

Signature