PATIENT INFORMATION

The completion of this form is a mandatory requirement whenever patients change their Doctors.

Please fill in completely or we will be unable to register you.

Please note: If you have been advised to make an appointment (due to your medication or past medical history) then please keep this appointment. If you fail to do so, then it will affect the quality of care we can provide. Please hand in this form to the Receptionist once you have filled it in.

Date:……..Surname:……First Name:……..……..

Other Name(s):…….…….…….

Full Home Address:…….……...

Date of Birth:…….Marital Status:…….…….

Sex: Male / Female ……Occupation:……..……..

Telephone No (Home) :…….……(Work) …….…….(Mobile)…….

Email:……

Next of Kin : Name & Relationship:……Telephone No……

Other Carers: Name & Relationship:…… …….. Telephone No: ……..……

Are you a Carer ? If so please ask the reception for the appropriate form to complete, and hand back to reception.

GENERAL HISTORY – Have you ever suffered from any of the following? If you answer 'Yes' then please make an appointment with a <u>doctor</u>.

	Yes	No	Date of first diagnosis		Yes	No	Date of first diagnosis
Heart disease e.g angina, heart attack				Mental health problems e.g. schizophrenia			
Epilepsy				Stroke			
Asthma				High blood pressure			
Dementia				Atrial fibrillation (irregular pulse)			
Cancer				Kidney disease			
Diabetes				Copd/ emphysema			
Heart failure				Osteoporosis			
Thyroid disease				Rheumatoid arthritis			
Other serious illnesses, or operations with dates:							

- ***What medicines are you currently taking: (or attach your old repeat prescription)***

1……... 2……

3…….. …. 4……

5……...…….. 6……

7……...…….. 8……

9……...…….. 10……

- Have you any allergies to medicine or anything else?.....
- How much tobacco or cigarettes do you smoke?…….
- Your height……Your weight……

FOR FEMALE PATIENTS ONLY:

- When was your last smear test? (date):……..Was it a normal result? Yes / No
- Have you had a hysterectomy? (date)……..
- Are you pregnant?.....Due Date……..

IMMUNISATIONS

- Last Tetanus booster date:……..Last 'Flu' booster date……
- Last Pneumonia booster date:…….
- Have you had any travel immunisations in the last 10 years, eg. Hepatitis A, Typhoid, Yellow fever, Meningitis……...

CHILDHOOD VACCINATIONS (for children up to the age of 10 years)

Please give the approximate date for the vaccinations you have had: Or if all up to date please tick here

1st DTP, Polio, Hib, Pneumonia (usually given aged 2 months)……..
2nd DTP, Polio Hib, Meningitis C (usually given aged 3 months)……
3rd DTP, Polio, Hib, Meningitis C , Pneumonia (usually given aged 4 months)……
Hib, Meningitis C (usually around 12 months)……..
MMR, Pneumonia (usually given around 13 months)…….
DTP, Polio, MMR (usually 3.1/2 years of age)…….

FAMILY HISTORY

Are there any major illnesses that run in your family? eg. Heart Disease, Asthma, Cancer, Diabetes, Stroke

Which illness(es):……. What dates?…….

Family Connection:……

Race / Ethnicity: **To which of these ethnic groups do you belong to?**

WHITE ❑ British ❑ Irish ❑ Any other White background please state:	BLACK OR BLACK BRITISH ❑ Caribbean ❑ African ❑ Any other Black background please state:	CHINESE OR OTHER ETHNIC ❑ Chinese ❑ Vietnamese
ASIAN OR ASIAN BRITISH ❑ Indian ❑ Pakistani ❑ Bangladeshi ❑ Any other Asian background please state:	MIXED ❑ White and Black Caribbean ❑ White and Black African ❑ White and Asian ❑ Any other mixed background please state:	**Any other ethnic group; please write below:** **Place of birth /Town / Village / Country**

Any other information:

ALCOHOL QUESTIONNAIRE

(For patients aged 16 or over)

1. How often do you have a drink containing alcohol?

Answer	points
Never	0
Monthly or less	1
2-4 times a month	2
2-3 times a week	3
4 or more times a week	4

2. How many standard drinks containing alcohol do you have on a typical day?

Answer	Points
None, I do not drink	0
1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4

3. How often do you have six or more drinks on one occasion?

Answer	points
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

For men, if your score is higher than 4 then you may be at risk from your drinking
For women, a score of 3 or more is considered positive

If you have high scores then please feel free to make an appointment with a Doctor to discuss these issues