

BLUE DYKES SURGERY, CLAY CROSS

New Patient Questionnaire (Age 16+)

Welcome to our practice, and thank you for registering with us. It may take some weeks before your records reach us and by answering the following questions you will enable us to provide better medical care.

Surname	Forenames (underline name by which you are known)		
Maiden Name	Male / Female	Title	
Date of birth	Place of birth		
Marital Status	Are you a carer?	YES / NO	
NHS No.	If yes, for whom		
Address (and postcode)	Home Telephone		
	Work Telephone		
	Mobile Number		
Name of Next of Kin & Tel No	Name and Address of Previous G P		
Please indicate if you have a history of any of the following:	Dementia	YES / NO	
High Blood Pressure	YES / NO	Diabetes	YES / NO
Stroke	YES / NO	Asthma	YES / NO
Heart Attack	YES / NO	COPD (emphysema)	YES / NO
Angina	YES / NO	Epilepsy	YES / NO
Any other significant illness or operations?	Current Medication		
	NAME	DOSE	HOW OFTEN

Date of Last Tetanus Vaccination	Allergies
Height	Weight
Do you smoke YES / NO Please indicate: cigarettes / cigars / pipe How many per day?	If no, did you ever smoke YES / NO If yes, when did you stop
WE RUN STOP SMOKING CLINICS HERE AT BLUE DYKES Please ask at reception for further details	

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

WOMEN ONLY	
Have you ever had a cervical smear YES / NO	If yes, date of most recent smear
Where was it taken GP / CLINIC / HOSPITAL	What was the result
Are you fitted with a contraceptive implant YES / NO	If yes, when was it fitted
Are you fitted with a coil (IUCD) YES / NO	If yes, when was it fitted
What type of IUCD is it Copper / Mirena / Don't know	Are you taking the contraceptive pill YES / NO

Please indicate:

1	White – British
2	White – Irish
3	White – Any other background
4	Mixed – White & Black Caribbean
5	Mixed – White & Black African
6	Mixed – Any other mixed race background
7	Any other Asian background
8	Black or Black-Caribbean
9	Black or Black British – African
10	Black or Black British – any other black background
11	Chinese
12	Any other ethnic group

Is English your first language?	YES / NO
If no, do you consider yourself a fluent English speaker?	YES / NO
If no, which languages do you speak?	
Do you require an interpreter for consultations?	YES / NO
If yes, in which language?	