

New Patient Questionnaire April 2010

PATIENT QUESTIONNAIRE		
Welcome to Boughton Medical Group. Once you have filled in your registration forms you will need to book an appointment with a Practice Nurse for a new patient check. The Nurse will take a brief history from you and complete a simple health check. It would be very helpful if you could bring a urine sample to this appointment.		
Name		Date
Address		
Tel No		Mobile -
Height	Weight	Date of Birth - *Ethnicity - *First Language -
Have you ever smoked		Yes/No
Are you a current smoker		Yes/No
Have you quit smoking		Yes /No
If so when		Approx date
*If yes how many do you smoke		
Cigarettes	No/Day
Cigars	No/Day
Pipe	NoDay
Roll own	No day
EXERCISE / DIET		
Do you take regular exercise		Yes /No/ Impossible
Do you follow any specific diet?(ie vegetarian)		Yes / No If so please state.
FAMILY HISTORY		
Do any of your family suffer form the following?		Yes/No if so who & at what age
Heart disease		
Stroke		
Diabetes		
Asthma		
Hypertension (blood pressure)		
High Cholesterol		
Glaucoma		
Cancer		
Next Of Kin		
Name		
Address		
Contact Number		
Relationship		

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ALLERGIES - Have you any?	Yes/No If so, to what?
MEDICATION - Are you on any?	Yes/No If so, it would be useful to bring a copy of your repeat prescription from your last surgery.
IMMUNISATIONS If you have had any holiday vaccines in the past please bring a list with dates if you can. Are you protected against tetanus? If you have had five tetanus injections in your life you will be covered unless you have a high risk wound. The majority of injuries such as scratches from rose bushes and grazes would be covered by the five injections. Yes/No. Date of last injection?	
CARERS	
Are you a carer or are you cared for by another person	Please circle appropriate answer
Name and Address of your carer	
Relationship to your carer	
LADIES ONLY – When was your last cervical smear and what was the result?	
ALCOHOL	
How many units of alcohol do you consume each week(one unit is one pub measure of spirits, one half pint of beer or lager or one small glass of wine)Units per week

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only Answer the following if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	