KINGS PRACTICE

Dr G M Scott, Dr D H McElnea, Dr A Walker, Dr I Erwin, Dr M Allan, Dr C Duffy

NEW PATIENT QUESTIONNAIRE

SURNAME: FORENAME:

PREVIOUS/MAIDEN NAME: DATE OF BIRTH:

ADDRESS OCCUPATION:
TEL NO:
MOBILE NO.

MARITAL STATUS: NO. of CHILDREN:

NEXT OF KIN: - Name Relationship Tel no

1. Have you ever been registered with this Practice?
(Permanent or Temporary)? **YES/NO**
If so, when?

2. Are you at present suffering from any illness, receiving any treatment or medicines? **YES/NO**
If YES, please give details including drugs and dosages. Please include medicines you take regularly, that are not prescribed by a doctor.

_____
_____
_____

3. Please give details of any operations, serious illnesses, or accidents in the past:-
Ladies, please include details of any pregnancies

Date	Details and Place
_____	_____
_____	_____
_____	_____
_____	_____

4. Are you allergic to any medication? **YES/NO**
Please give details:-

5. Have you been immunised against Tetanus/Diptheria/Polio in the last 10 years?
YES/NO

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For Admin
Cess Advice?

6. Are you A smoker ☐ Number/day
Ex smoker ☐ Year stopped
Never smoked ☐

7. What is your approximate alcohol intake per week?

8. Alcohol Screening Test
For the following question please circle the answer which best applies
1 drink = ½ pint beer or 1 glass of wine or 1 single spirits

MEN How often do you have EIGHT or more drinks on one occasion
WOMEN How often do you have SIX or more drinks on one occasion

Never	Less than monthly	Monthly	Weekly	Daily or almost daily

9. **WOMEN ONLY**
Date of last cervical smear?
Have you ever had an abnormal cervical smear? **YES/NO**
If so what was the subsequent treatment?
Over 50 yrs:- Date of last Breast Screening

10. Over 50 yrs ;- Date of last Bowel Screening

11. Do you have a family history of: HIGH BLOOD PRESSURE
HEART DISEASE THYROID DISEASE
DIABETES ASTHMA
STROKE OTHER

If so please indicate below on the grid:-

	DISEASE	AGE OF ONSET
Father		
Mother		
Brother/sister		
Grand Parents		

12. Are you a Carer? **YES/NO** Do you require the help of a carer? **YES/NO**
A Carer is someone who looks after a family member or friend and is not paid for doing so.

For Clinician to complete;-			
BP		Weight	
Urinalysis		Height	
		BMI	
Cholesterol/ CHD Risk			

New Patient Appointment -Date:	
Did Patient Attend?	**YES / NO** → YES – Form to Admin to complete Registration → NO – Form to Reception to cancel Registration