Aksyr Medical Practice
New Patient Questionnare

Title		**Surname**	
First names		**Preferred name**	

Address			
Postcode		**Email**	
Telephone		**Mobile**	

Date of birth			**First language**		
Were you born in the uk?	Yes ☐ No ☐		**If not when did you move here?**		
Do you need an interpreter	Yes ☐ No ☐		**If Yes, which language**		
What is your ethnicity?			**Are you a carer**	Yes ☐ No ☐	
Marital Status	Single	Married	Divorced	Separated	Widowed
Who is your next of kin?	Name and Relationship		Contact details		

Have you been registered with a NHS GP before?	Yes ☐ No ☐	**Name and address of previous GP**		
How often do you see your GP?	More than once a month	Monthly	2-3 times a year	Yearly or less
Have you stayed overnight in hospital in the last 3 years?	Yes ☐ No ☐	**If Yes, where and why?**		

Do you have any of these conditions?	**Tick**	**Year**	**Details**
Asthma			
Hay fever			
Chest Disease e.g. emphysema/chronic bronchitis			
Heart Disease			
High blood pressure			
Stroke			
Diabetes			
Thyroid problems			
Depression			
Anxiety			
Mental health problems			
Substance abuse problems			
Epilepsy			
Memory problems			
Kidney problems			
Liver problems			
Digestion problems			
Joint problems			
Mobility problems or falls			
Vision problems			
Hearing problems			
Skin problems			
Blood problems			
Anaemia			
Have you had your spleen removed?			
Have you had a transplant?			
Any other serious illnesses or operations		**Year**	**Details**

Lifestyle			
Do You Smoke	Yes ☐ No ☐	If Yes, How much?	Per day
Have you ever smoked	Yes ☐ No ☐	If Yes, When did you stop	
Do you drink alcohol	Yes ☐ No ☐	How many units?	

One unit is


Half pint of regular beer, lager or cider


One very small glass of wine


One single measure of spirits


One small glass of sherry


One single measure of aperitifs

How often do you drink alcohol?	never	Monthly or less	2-3 times a month	2-3 times a week	4 or more times a week.		
How many standard drinks containing alcohol do you have on a standard day?	1-2	3-4	5-6	7-9	10 or more		
How often have you have more than 6 drinks on a single occasion?	never	Less than monthly	Monthly	Weekly	Daily or almost daily		
Do you exercise	Yes ☐ No ☐		**What exercise do you do and how often?**				
Do you work?	Yes ☐ No ☐		**What is your job?**				
Is your address permanent?	Yes ☐ No ☐		Own home	Rented	Hostel/ homeless	Residential/ Nursing	

Are there any conditions that run in your family?	**Relationship to you**	**Age affected**	**Condition**

Medication History			
Name of medicine - list all the medicines you use including those you buy from the chemist	**Strength**	**How many you take each day?**	**Where do you get it from?**

Are you allergic to any drugs, medicines or food?	**Drug medicine or food**	**What happens**
Which chemist do you use?		

Where did you hear about Canberra Centre for health?		**Why did you decide to register?**	
Are you interested in joining the patient focus group?	Yes ☐ No ☐	**Do you consent to sharing your data within other NHS organisations?**	
Signed		**Date**	