

NEW PATIENT QUESTIONNAIRE

Name:	Mr/Mrs/Miss/Ms	Marital Status: Single
Known as:	Date of Birth:	Married
Address:	Occupation:	Divorced
		Widowed
Tel No.	Mobile No.	Separated
Are you happy for the Practice to contact you on the above phone numbers: Yes/No		
Signature:.....		
<hr/>		
<u>Next of Kin Details</u>		
Name:	Address:	
Tel No.		

Please supply details of allergies, eg drugs, pollen, etc.

Smoking Status (Please tick)

Current Smoker If so how many per day **Never smoked**

If you are currently a smoker, would you be interested in receiving advice and/or treatment to help you stop smoking? **YES/NO**

If **YES**, a smoking cessation form may be picked up from reception or Tel: 0808-032-6672 for further details.

Ex-smoker Date stopped smoking

Alcohol

How much alcohol do you drink in a week?

Long-term illnesses

Do you suffer from any of the following long-term illnesses, please tick, as appropriate

Diabetes

Asthma

Bronchitis/Emphysema/COPD

Angina/Heart Attack

Stroke/TIA

High Blood Pressure

Thyroid Disease

Epilepsy

Long term mental health problems

Please complete the second side of this form, Thank you

Other Serious Illnesses

Prescribed Medication

Please bring in re-order form from previous practice

Carers' Support

Are you an unpaid carer or do you have an unpaid carer e.g. family member or friend who cares for you?

Yes/No

If yes, please telephone 01592 642999 for the Fife Carers Centre and refer to the practice leaflet for further details.

Does, or has, any member of your family suffered from any of the following? Please give relationship

- Cancer
- Diabetes
- Asthma
- Bronchitis/Emphysema/COPD
- Angina
- Heart Attack
- Stroke/TIA
- High Blood Pressure
- Epilepsy
- Long term mental health problems
- Any other long term illnesses or conditions

The Scottish Executive would like to collate the following ethnic status information to allow services to be improved. Please circle the appropriate description. If you prefer not to give this information please circle the last option. Thank you.

White Scottish	Other ethnic, mixed origin	Chinese	Other black ethnic group
Other white British ethnic group	Indian	Other Asian ethnic group	Other ethnic group
White Irish	Pakistani	Black Caribbean	Ethnic group not recorded
Other white ethnic group	Bangladeshi	Black African	Ethnic group - patient refused

If you have no reason to see a doctor within the next 6 months, you are welcome to arrange a New Patient Health Check with the Practice Nurse.