

New Patient Questionnaire

Name: _____ Surname: _____

Are You? (Please tick  Male:  Female: DOB: _____




Address: _____

Email: _____



Tel: _____ Mobile: _____

What is your current smoking status? Please Tick and Explain 

a. Never smoked How many do smoke a day? _____

b. Ex-smoker How many years smoked? _____

c. Current smoker Date stopped smoking _____

How much alcohol do you consume in a week?

This is one unit of alcohol...



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits





1 small glass of sherry



1 single measure of aperitifs

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 per month	2-3 per week	4+ per week	
How many 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	< monthly	Monthly	Weekly	Daily	



 Are you a carer? Please Tick and Explain 

Yes: No: Details: _____

(A carer is someone who provides unpaid support to someone who could not manage without their help due to a physical or mental health condition, physical or learning disability, frailty or substance misuse problems.)

 Next of Kin Title: _____ Name: _____


Relationship: _____ Contact Number: _____


 Do you take regular medication? Please Explain 

 **For Women Only**

When was your last smear? _____ Where: _____

Was it normal? Yes No

Any serious illnesses, operations or admissions? Please Explain 

Are you allergic to anything? Please Tick and Explain 

Yes: No:



Ethnicity Group (Please tick the appropriate box)

White

British Irish Any Other White Prefer Not To Say

Black or Black British

African Caribbean Any Other Black

Asian or Asian British

Indian Pakistani Bangladeshi Any Other Asian

Mixed

White & Black Caribbean White & Black African

White & Asian Any Other Mixed

Other Ethnic Groups

Chinese Any Other Ethnic Group

First Spoken Language: _____ Interpreter? Yes No


Summary Care Record: Would you like to have a summary care record?
(shared record with healthcare staff) Yes No (Sign opt out form)


Patient Online Access: Accessing GP services at home, work or on the move 24 hours a day. Includes appointment booking, requesting repeat medication, secure messaging and viewing of medical records. Please speak to a receptionist to register.

Accessible Information Standard

(for patients with a disability, impairment or sensory loss)

My information and communication preferences are:

 Easy Read

 Large Print

 BSL

 Email

 Text

 Other _____