

NEW ROAD SURGERY RUBERY – New Patient Health Check Questionnaire

To enable us to update our records we would be grateful if you would complete this questionnaire.

Name:		
Address:	Date of Birth:	
Contact Details: Mobile number..... (If you provide your mobile number, we will send you appointment reminders via text message) IF YOU DO NOT WANT US TO TEXT YOU, PLEASE PUT AN X IN THIS BOX: <input type="checkbox"/> Home number..... Email Address.....		
Next Of Kin Name..... Relationship..... Next Of Kin telephone number.....	Are you a carer? YES/NO A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support. Who do you care for?	
Are you taking any medication at present? YES/NO IMPORTANT: If you have answered yes, please attach your printed list of medication from your previous GP.		
Are you allergic to any medication? YES/NO If yes, please give details.....		
Do you have, or have you ever had any of the following? Asthma \ Diabetes \ Coronary Heart Disease \ Stroke and Transient Ischaemic Attack Hypertension \ Chronic Obstructive Pulmonary Disease \ Epilepsy \ Thyroid Disease Cancer \ Serious Mental Health problems		
Please give details of any family history of: Heart Disease \ Stroke \ Cancer: Please state relationship and age of onset.....		
LADIES: Do you currently have a contraceptive implant (Implanon or Nexplanon), if so when was this fitted.....		
Height..... Weight..... Exercise- please give details.....		
<i>Smoking</i> Please complete as appropriate	Do you smoke? YES/NO	If yes - how many a day?
	Have you ever smoked? YES/NO	If yes, when did you stop? How many did you smoke per day?
<i>Alcohol</i>	See the attached alcohol questionnaire, please complete and return to the surgery along with this questionnaire. Thank you.	

IMPORTANT NOTICE

How we use your information

We have a Practice Privacy Statement available in the waiting area and on our website (under Practice Policies).

Text messages: We use your mobile phone details to enable us to send text messages to notify patients aged over 16 of forthcoming appointments. We use your mobile phone details to enable us to send text messages to notify clinical services such as flu clinics and occasionally to offer additional services such as NHS Health Checks. **IF YOU ARE NOT HAPPY FOR US TO USE YOUR DATA TO SEND YOU THE ABOVE TYPES OF INFORMATION, PLEASE ADVISE RECEPTION.**

It is important that you update your mobile number with us if it changes, so that we send your information to the correct number.

If we don't have your mobile number and you want to receive the above messages, please let us know.