

Manor Medical Practice New Patient Questionnaire

Personal

Name _____

Date of Birth _____ Age _____ Height _____ Weight _____

Sharing Consent: EMIS Sharing

Do you consent to your detailed record being shared across organisations (e.g. Stepping Hill Hospital)? YES NO

Sharing Consent: Summary Care Record

I give consent to share my medication, allergies & adverse reactions only

I give consent to share my medication, allergies, adverse reactions & additional info

I do not give consent to share my care record

Are you a registered carer? YES NO

Tick box to confirm you are available to attend **both** Hillgate & Offerton sites

If you have a disability or sensory loss and require an alternative method of communication, for example, large print letters, telephone call or email format please indicate here:

Next of Kin

Name _____ Relationship _____

Tel _____ Same address as yourself

Ethnicity

English	Indian or British Indian	
Scottish	Pakistani or British Pakistani	
Welsh	Bangladeshi or British Bangladeshi	
Northern Irish	Chinese	
British or Mixed British	Caribbean	
Irish	African	
Gypsy/Romany	Other White Background	
Irish Traveller	Other Mixed Background	
White British	Other Asian Background	
White and Black Caribbean	Other Black Background	
White and Black African	Any Other Group	
White and Asian	Arab	
Refusal to disclose ethnicity		

First spoken language _____

Do you require a translator? YES NO

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Smoking Status

Never smoked Current Smoker Current non-smoker

If applicable, how many cigarettes do you smoke per day? _____

If applicable, are you interested in giving up smoking? YES NO

Pregnancy status

Are you currently pregnant? YES NO

Military Service

Please tick below if you are a military veteran or reservist.

- | | |
|---|--|
| <input type="checkbox"/> Army Veteran | <input type="checkbox"/> Royal Air Force Veteran |
| <input type="checkbox"/> Royal Navy Veteran | <input type="checkbox"/> Royal Marines Veteran |
| <input type="checkbox"/> Reservist | <input type="checkbox"/> Veteran |

Medication

If you are taking regular medication please attach a copy of the left page of your prescription.

Alcohol Consumption

How often do you have 8 or more units on one occasion?

Never Less than monthly Monthly Weekly Daily

How often in the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Weekly Daily

How often in the last year have you failed to do what was normally expected of you because you had been drinking?

Never Less than monthly Monthly Weekly Daily

In the last year has anyone been concerned about your drinking, or suggested you cut down?

Yes, once Yes, more than once No

Guide to units

