

NORTH BERWICK GROUP PRACTICE ADULT PATIENT QUESTIONNAIRE

Welcome to the practice. Please help us by filling in as much of this questionnaire as possible.
Your new doctor is Dr. _____.

Name: _____ Date of Birth: ____/____/____

Address: _____

Post Code: _____ Tel: (Home) _____ Mobile: _____

email: _____ Marital Status: _____

Next of kin: _____ Tel: _____

Are you housebound? YES NO Do you live alone? YES NO Current Occupation: _____

Are you a CARER? YES NO Do YOU have a carer? YES NO

Your Health

Please list any serious illnesses or operations and state year (if known)

Do you take any medicines or treatment? (please also state dosage)

Are you allergic to any drugs? _____

How tall are you? _____ How much do you weigh? _____

Do you smoke? YES (How many per day?) _____ EX-SMOKER (How many per day?) _____

NON-SMOKER (and never smoked in the past)

Do you drink alcohol? YES/NO _____ If yes, how many units per week (remember that 1 small glass of wine = 1 unit, 1 pint of beer = 2 units). Total number of units consumed per week = _____

How often do you exercise? EVERYDAY ONCE A WEEK NOT OFTEN
Do you eat: - LOTS OF FRIED FOOD? SOME FIBRE/SOME FRIED? LOW FAT, HEALTHY DIET?

When did you last have a tetanus injection? _____

Ladies: When did you last have a smear? _____ or have you had a hysterectomy? (date) _____

Your family's health – this applies to close relatives e.g. parents, brother/sister, grandparents. We would like to know if there is any history of various illnesses within you family.

Please answer the following:

	Please tick box	Please provide details
Has anyone ever had a heart attack or stroke?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
If YES, were they aged under 60 at the time?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Has anyone developed diabetes?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Does anyone have high cholesterol?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Is there a history of - asthma? <input type="checkbox"/> hayfever? <input type="checkbox"/> eczema? <input type="checkbox"/> none of these? <input type="checkbox"/>		

Check-up: It is our practice policy to offer all new patients a check up with the practice. Please make an appointment at reception to have this done with the practice nurse within 28 days of registering. Please bring a sample of urine when you come for this check-up.