

ADULT NEW PATIENT QUESTIONNAIRE

**PLEASE GIVE NAME AND ADDRESS OF A PHARMACY TO WHICH ELECTRONIC
PRESCRIPTIONS CAN BE SENT:-**

.....
.....

Date.....

Surname..... Sex: Male/Female

Forenames..... Occupation:

Date Of Birth.....

Address.....

.....Post Code.....

Tel No.....

Mobile No

E-Mail address

SPOKEN LANGUAGE (if not English).....

Asylum Seeker Yes/No

Is this the first time you are registering with a GP in this country?

Date of entry to UK

Which country did you come from?

Age

We are asking for your date of entry to the UK and which county you have come from because if you are aged between 16-35 and have moved to the UK in the last 5 years from one of the 'at risk' countries then you are eligible for a latent TB test. Latent TB does not have any symptoms but has the potential to make you ill. There is no need to be worried testing will involve a quick blood test here at the surgery and a few simple questions. If the test is positive the doctor will contact you and make arrangements for you to be referred to the clinic at Hillingdon Hospital. The surgery will contact you if necessary once we have reviewed the information on this form.

Do you suffer from any medical conditions?

Please list and provide the date when they started.

.....

.....

.....

Smoking

Have you ever smoked? Yes/No

Do You Smoke Now? Yes/No

How many per day? Now/Previously

How Many years have you smoked for? Years

Alcohol

Do You Drink Alcohol? Yes/No (if yes please answer questions in box)

Scoring system					
Questions	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking? (half pint of strong beer = 2 units, bottle of normal beer = 2 units, medium glass of wine = 2 units)	1-2	3-4	5-6	7-8	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Allergies (to be coded under allergies)

Are you allergic to any medicines? Yes/No

Please List.....

Are you allergic to anything else? Yes/No

Please list.....

Drugs & Medicines

Are you taking any drugs, medicines, tablets or contraceptive pills? Yes/No

If yes please make an appointment with the GP before you run out of your medication. (Please bring medication boxes or repeat prescription slip with you)

W

Carer

Are you a carer? Yes/No

Do you have a carer? Yes/No

If you have answered yes to either of these questions please complete a carer form available from reception.

Ethnic Origin (Please circle)

White (British/Irish/Other), Mixed (White and Black Caribbean/White and Black African/White and Asian/Other), Asian or Asian British (Indian/Pakistani/Bangladeshi/Other Asian), Black or Black British (Black Caribbean/Black African/Other Black), Other Ethnic (Chinese/Other Ethnic Group) or Not Stated.

Patient Participation Group

Would you be interested in joining our patient participation group? Yes/No

If YES please complete the form online which you can find on our website:

www.thecedarbrookpractice.co.uk or ask at reception for a form.

We would like to encourage more patients from black and asian minority ethnic groups to join our Patient participation group.

Identifying Veterans

Have you ever served in the armed forces ? Yes/No

(Code 13ji)

Summary Care Record

Details of your allergies/adverse reactions to medications and a list of your medication will automatically be available for other emergency clinicians to view in the event of you requiring emergency treatment (examples can include – ambulance service/walk in centre/accident and emergency/111). Your consent will always be obtained by the emergency clinician prior to accessing this information (unless you are unconscious).

***If you do not wish to have a summary care record, please sign an “opt out” form
Which is available from reception***

For Women Only:

Cervical Smear

What is the date of your last smear test?

Was it taken at your GP surgery / Family Planning Clinic / Hospital / Other?

Was it NORMAL? Yes/No

Hysterectomy

Have you had a hysterectomy? Yes/No Date.....

What was the reason for this?

.....