

## NEW PATIENT QUESTIONNAIRE

Name: ..... Date of Birth: ...../...../.....

Address: .....

..... Post code: .....

Telephone Numbers: Home: ..... Mobile: ..... Work: .....

### Ethnic Group:

Asian

Bangladeshi ..... Indian ..... Pakistani ..... Other .....

Black/Black British

African ..... Caribbean ..... Other .....

Mixed Race

White/Asian ..... White/African ..... White/Caribbean ..... Other .....

Other Ethnic Origin

Chinese ..... Other .....

White

British ..... Irish ..... Other ..... (Please specify)

Patient Refused Information .....

Family History – Is there a family history of any of the following?

Asthma	Yes	No
Blood Pressure	Yes	No
Coronary Heart Disease	Yes	No
Diabetes	Yes	No

Do you suffer from any of the following? Please circle response:

Asthma	Yes	No
Blood Pressure	Yes	No
Coronary Heart Disease	Yes	No
Diabetes	Yes	No

Do you smoke Yes No How many per day? .....

Do you drink alcohol Yes No How many units per day? .....

(1 unit = glass of wine, ½ pint beer/lager, 1 measure of spirits)

Height: ..... Weight: .....

Allergies – Please list all medicines you have had known allergies to in the past:

Carer: Are you a registered Carer: Y / N If yes, who do you Care for: .....

**Do you consent to a Summary Care Record Y / N If no, please ask at reception for an opt-out form, which you complete and hand back to reception.**

Signed: .....

Date: .....