

# UNION BRAE & NORHAM PRACTICE NEW PATIENT QUESTIONNAIRE

Full Name ..... Date of Birth .....

Address .....

Postcode ..... NHS Number (if known) ..... Marital Status S/M/W/Other

Home Tel No ..... Mobile .....

Email address: ..... (Please print) Religion .....

Which country were you born in? .....

Main spoken language if not English.....

Do you need an Interpreter for appointments?.....

Do you smoke? Y/N If yes, how many a day ..... What age did you start smoking .....

Ex-smokers: Year stopped ..... How many did you smoke a day? .....

How often do you have a drink that contains alcohol: Never Monthly or less  
2-4 times per month 2-3 times per week 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking?

1-2 3-4 5-6 7-8 10+

How often do you have 6 or more standard drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

## **CURRENT MEDICATION (ie Paracetamol 500mg, one per day, back pain) (continue overleaf if necessary)**

1. Name & strength: .....	Dosage per day .....
Why do you take this medication .....	Year diagnosed .....
2. Name & strength: .....	Dosage per day .....
Why do you take this medication .....	Year diagnosed .....
3. Name & strength: .....	Dosage per day .....
Why do you take this medication .....	Year diagnosed .....
4. Name & strength: .....	Dosage per day .....
Why do you take this medication .....	Year diagnosed .....

## **HAVE YOU EVER HAD SIDE EFFECTS FROM ANY MEDICATION?**

Name & strength: ..... Side effect: .....

Name & strength: ..... Side effect: .....

## **OTHER IMPORTANT ILLNESSES/OPERATIONS/ACCIDENTS**

Year ..... Description .....

Year ..... Description .....

Year ..... Description .....

## **FAMILY HISTORY (If alive, serious illnesses)**

## **If dead, cause of death and age died**

Father .....

Mother .....

Brothers .....

Sisters .....

**EMERGENCY CONTACT PERSON**

Name: ..... Relationship: .....

Address: ..... Postcode: .....

Contact Telephone No: .....

Is this person also your next of kin?.....

**CARERS**

Do you look after someone who is frail, elderly, disabled or mentally ill? Yes/No

Do you have a carer who looks after you? Yes/No

If so, please give details of that person below (name address):

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Have you ever served in any of the armed services (Xa8Da) Yes/No

**We are improving how we communicate with patients. Please tell us if you need information in a different format or communication support.**

Do you consent to practice staff contacting you on your mobile phone? Yes/No

Do you consent to practice staff contacting you by e-mail? Yes/No

Preferred method of communication: Home telephone number/Mobile/Email/Letter

**IMPORTANT INFORMATION**

Every patient in the UK now has a Summary Care Record (SCR). Your SCR contains important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

If you do not wish your details to be held on the NHS information spine you must complete an opt out form and hand it in to reception. Further details are available on the web at [www.nhscarerrecords.nhs.uk](http://www.nhscarerrecords.nhs.uk).

Once this form is completed please take it to our reception staff with your Identification and you will be registered with our practice. You will then be allocated a Doctor who will oversee your medical records. You may not always see this doctor when you attend for appointments, unless you specifically ask to. If you wish to change your allocated doctor please ask at reception.