Drs Kakad Bhatt Tanna & Baldwin
NEW PATIENT QUESTIONNAIRE

As it may be sometime before we are able to obtain your full medical records from your previous G.P. It is important that you give us as much information as possible. Thank you.

SURNAME	
FIRST NAME	
MAIDEN NAME IF APPLICABLE	
DATE OF BIRTH	
PLACE OF BIRTH	
ETHNICITY	
ADDRESS TELEPHONE (home & mobile numbers)	
N.H.S. NUMBER (if known)	
MARITAL STATUS	
NO. OF CHILDREN	
NEXT OF KIN & TEL Number	
OCCUPATION	
Email address	

Religion
Are you a Carer? YES / NO
Are you being cared for? YES / NO
First Language Spoken
What is your height? ……
What is your weight? ……
Do you drink Alcohol? YES / NO Units per week = ……
What is your smoking status (please delete)? Non Smoker Ex Smoker Smoker
If smoker, when and how many?……..
DO YOU REGULARLY EXERCISE ? YES / NO

How many times per week?	
Other. Please describe.	

Do you suffer from
Asthma? YES / NO Coronary Heart Disease? YES / NO
Diabetes? YES / NO Angina? YES / NO
Blood Pressure? YES / NO Chronic Obstructive Pulmonary Disease YES / NO
Other ……

Please turn over page/……

WOULD YOU SAY THAT KEEP TO YOUR DIET? YES / NO

Is your diet ?	**Vegetarian / Non Vegetarian**

Do you eat regular meals including breakfast. YES / NO

Past Medical History e.g Any Operation

……
……
……
……
……

CURRENT TREATMENT

Please list below any current medications that you are taking and dosage:

1. ……

2. ……

3. ……

4. ……

Are you on a chronic Disease Register? Please delete not applicable
Diabetes/Asthma/COPD/Heart/Epilepsy/Cancer/Mental Health/Hypothyroid

FAMILY HISTORY

Does anyone in your family have or had any of the following;

	YES OR NO	FAMILY MEMBER
Heart Disease		
Stroke		
Asthma		
Diabetes		
Cancer		

FEMALE PATIENTS ONLY

When did you last have a cervical smear? ……

What was the result ?…….

PLEASE MAKE AN APPOINTMENT WITH OUR PRACTICE NURSE FOR A NEW PATIENT HEALTH CHECK. and BRING A URINE SPECIMEN

THANK YOU.