

SPRING TERRACE HEALTH CENTRE NEW PATIENT QUESTIONNAIRE

Surname		
First name		
Date of birth		
Address		
		Postcode:
Phone numbers	Home:	Mobile:
Email Address:		
Consent to SMS	Yes [] No []	
NHS number		
Next of Kin, Name and contact no.		
Where did you hear about our Practice:	Friend/Family / Advert / Online / Other (please specify)	

Ethnic origin (please tick):			
White British	British mixed	Irish	Other white
Caribbean	African	Asian	Indian/British
Pakistani/British	Bangladeshi/British	Other mixed	
Other (please state):		I do not wish to state my ethnicity	
Language:		Do you need an interpreter?	

Are you currently on medication, including any contraception? If yes, please list below

Have you suffered or are you suffering from any major illness? If Yes please list below:

Are you a carer?	Yes/No
If Yes who for?	
Are they a patient here?	
What is your relationship i.e. wife, child.	
Do you have a carer?	Yes/No
If Yes please give name	
Are they a patient here?	
What is your relationship i.e. wife, child.	

Do you have any allergies? If yes list below: - if insufficient room please write on back

Are you a Smoker?		
If Yes, how many cigarettes do you smoke per day?		
Do you want to stop?		
Are you an Ex-Smoker? If Yes please answer the following		
How old were you when you stopped?		
How many did you smoke per day?		
Do you drink alcohol? If Yes please answer following.		
How often do you have a drink of alcohol?	Never	
	Monthly or less	
	2-4 times per month	
	2-3 times a week	
	4 or more times a week	
How many standard drinks containing alcohol do you have on a typical day?	1 or 2	
	3 or 4	
	5 or 6	
	7 or 9	
	10 or more	
How often do you have six or more drinks on one occasion?	Never	
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	
Do you need help to stop?		
How tall are you?		
How much do you weigh?		

Is there any family history of the following conditions?:

Condition		Relationship to you
Stroke	Yes/No	
Heart disease	Yes/No	
Diabetes	Yes/No	
Asthma	Yes/No	
High blood pressure	Yes/No	
Cancer	Yes/No	

<u>Patient Online Access</u>	YES	NO
<p>Did you know that you can <u>book appointments</u> and <u>order prescriptions</u> online via the website and using a mobile phone app</p> <p>Would you like the receptionist to provide you with your username and password, if so, we can print and post out to you.</p>		

Have you ever served in the armed forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your current job role?		

SUMMARY CARE RECORD

The Practice is Summary Care Record enabled. If you require further information or wish to opt-out of this service please speak to our receptionist, or visit <https://digital.nhs.uk/summary-care-records/patients>

