

EASTHAMPSTEAD SURGERY
Caring for Health in Partnership with You
NEW PATIENT QUESTIONNAIRE

Date	
Name	
Sex	M/F
Previous name	
Date of birth	
Occupation	
NHS number	

Tel.no	H	M
e-mail		

Height	
Weight	

Status	Single	
	Married	
	Divorced	
	Widowed	
	Separated	

Do you have any children?	Yes	No
How many?		

Year of last tetanus booster	
Year of last rubella (German measles)	

Have you ever smoked?	
Do you smoke now?	
How many a day?	
Would you like to discuss your smoking?	

Do you drink alcohol?	
How much per week?	
Glasses wine	
Pints beer	
Measures spirits	

Do you require dietary advice?	Y/N
Do you take regular exercise?	Y/N
Do you use illicit drugs?	

Have you had major surgery?	
If so please list with year of procedure	

Do you take medication?	
If so please list with doses if known	

Have you had any of the following?	
Stroke	
Heart attack	
TB	
Epilepsy	
Diabetes	
Ulcers	
Asthma	
Eczema	

Have your parents, brothers or sisters had 1. Heart attack/stroke before age 60?	Y/N
2 Kidney disease?	Y/N

Do you have any allergies?	
If so please list	

Do you have a religion?	
If willing, please state it	

Please turn over

For men

Do you examine your testicles?	
Do you require contraceptive advice?	

For women

Do you examine your breasts?	
Do you require contraceptive advice?	
When was your last smear?	
Was it normal?	
Have you had a hysterectomy?	
If so were your ovaries removed?	

Do you have a carer?	
If so, what is their name?	
What is their tel. no.?	
What is their relationship to you?	

What is the name of your next of kin?	
What is their address?	
What is their phone number?	Home Mob

May we remind you that everyone over the age of 65 and anyone with heart, lung or kidney disease that they may have a flu jab each Autumn.

Thank you.

For all

What is your ethnic origin? – White British, White Irish, Mixed White/Black Caribbean, Mixed White/Black African, Asian or Asian British, Indian/Pakistani/Bangladeshi, Black or Black British Caribbean, Black or Black British African, Chinese or other racial background.	
Where were you born?	
Do you have a disability?	
If so, what?	

Surgery use only

Action by nurse	Inits
Refer immunisation	
Refer asthma	
Refer doctor	
Advice only	

Action by Dr	Inits
Rx to be entered on comp	
Enter READ codes	
Make appt with dr	
other	