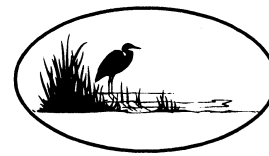




Chilwell Meadows Surgery
Ranson Road, Chilwell, Nottingham, NG9 6DX



NEW PATIENT HEALTH QUESTIONNAIRE

Welcome to the Chilwell Meadows Surgery. We aim to provide high standards of medical care if you are ill, but also to try to keep you fit and well whilst you are with us.

It may take some time for your medical records to arrive from your previous doctor. It helps us to provide the best care for you if we can find out more about you as soon as you register. In order to do this we ask you to fill in this brief questionnaire, and to have a health check with the practice nurse or one of the doctors.

THE INFORMATION YOU GIVE US WILL BE TREATED AS CONFIDENTIAL BY THE DOCTORS AND PRACTICE NURSE

PERSONAL DETAILS:

Full Name and Title	
How do you prefer to be addressed e.g. 'Bob' instead of 'Robert'?	
Date of Birth	
Occupation/School Attended (under 18's)	
Work Tel Number	
Mobile Number	
E-mail address	
	Giving us your mobile phone number and/or email address implies consent for us to contact you about issues related to your personal health. We will not pass your details on to anyone else.
Main Language Spoken	
Ethnic Group	I would/would not like my ethnic group to be recorded in my records. (delete as appropriate) Please record it as:
Next of kin contact details	Name: Phone number: Relationship to you: Contact in emergency: y/n

MEDICATION DETAILS: Do you take any tablets, medicines, inhalers, creams or other treatments on a regular basis? If so, please give details:

Treatment	Dose

Height:		Weight:	
Are you allergic to any tablets or medicines? If so, please give details:			
MEDICAL HISTORY: Do you have, or have you had, any of the following conditions? If yes, please give details:			
	No	Yes	Details
Asthma			
Diabetes			
Heart attack or angina			
High blood pressure			
Cancer			
Depression			
Thyroid problems			
Stomach ulcer			
Glaucoma			
Any operations			
Any other illnesses			
FAMILY HISTORY: Do any illnesses run in your family? If so, please give details:			
Illness			
Relationship			
LIFESTYLE:			

Are you a Carer?

Yes

No

(if so, please ask reception for a leaflet)

Do you have a Carer?

Yes

No

(if so please ask for Carer contact details form from Reception)

Do you smoke? (Tick one box only)

Yes

No

If no have you ever smoked on a regular basis?

Yes

No

If you do smoke cigarettes, how many per day? (be honest) _____ and for how many years? _____

How much alcohol do you drink in an average week? _____

How much physical exercise do you do in an average week? (Give details)

For office use: Photo ID seen

Proof of address seen:

ADULT VERSION