

BARLOW HOUSE SURGERY NEW PATIENT HEALTH QUESTIONNAIRE

Please fill in this questionnaire as fully as possible. This will give essential information regarding your health whilst we wait for your medical records to arrive from your practice.

NAME:

ADDRESS:

CONTACT NUMBER:

DATE OF BIRTH:

Do you smoke? **Yes/No** Ex-Smoker? **Yes/No**

How many per day?.....

What do you smoke?.....

How many ounces do you smoke?.....

Would you like our assistance in helping you to stop smoking?

Yes/No

Do you drink alcohol? **Yes/No**

How many drinks per week?.....

What is your height?.....

What is your weight?.....

Blood pressure:

Last recording date and measurement...../.....

Ethnic origin: Please tick

White British Black African Indian

Black British other white ethnic group Pakistani

Black Caribbean/West Indian/Guyana

Other Asian ethnic group

Other ethnic group please specify

Is there any family history of the following?

Heart attack	Over 60 yes/no, if yes, who? Under 60 yes/no, if yes, who?
Angina	Over 60 yes/no, if yes, who? Under 60 yes/no, if yes, who?
Stroke/CVA	Yes/no, if yes who?
Diabetes	Yes/no, if yes, who?
Asthma	Yes/no, if yes, who?
High Blood Pressure	Yes/no, if yes, who?
High Cholesterol	Yes/no, if yes, who?
Female patients	
Are you rubella immune?	Yes/no, if yes, who?

Medical conditions:

Please tick if you have or have ever suffered from any of the following:

Date of Diagnosis

Asthma
 High Blood Pressure
 Diabetes
 Heart Attack
 Chronic Lung Disease
 Cancer
 Angina
 Stroke
 Mental Illness (excluding depression)
 Hypothyroidism (under active thyroid)
 Epilepsy

Immunisations:

Are your immunisations up to date? Yes/No

When did you have your last tetanus?.....

Please list any operations/serious illnesses on-going health problems

1.

- 2.
- 3.
- 4.
- 5.
- 6.

Are you on any regular medications?

If so please list below

(If you have a re-order form from your previous GP please attach)

-
-
-

Have you any drug or medicine allergies? **Yes/No**

If yes, please state.....

Are you a carer YES / NO

Do you care for someone YES / NO

Do you provide unpaid care by looking after a family member, friend or neighbour because of their illness, disability, frailty or substance misuse?

If you are please contact reception for a carer's pack and register.

Form of identification (please tick)		Passport, licence or certificate number
Valid UK Passport		
Valid non-UK Passport		
Valid UK photo driving license		
Birth Certificate		

Other form of identification and/or confirmation of address (Rental agreement, utility bill, Bank statement, mobile phone contract, DHSS letter, electoral role etc)

Have you ever been a member of HM Armed Forces:

YES/NO.....

Are you interested for signing up to My Health Online where you can make appointments and order repeat prescriptions online.

We use a third party text messaging service to notify you of booked appointments.

If you wish to be included in this service, please sign below

I wish to receive text message reminders.....

Please ask at reception for a form.