NEW PATIENT HEALTH QUESTIONNAIRE

WELCOME TO THE STUDENT MEDICAL CENTRE

TO HELP US WITH YOUR PAST MEDICAL HISTORY WE WOLD BE GRATEFUL IF YOU WOULD COMPLETE THIS QUESTIONNAIRE ALONG WITH ANYTHING ELSE YOU FEEL WE SHOULD KNOW
ALL INFORMATION IS TREATED WITH STRICT CONFIDENTIALTY

Name_____ D.O.B _____

Contact Details (Home Phone)_____ (Mobile) _____

Email _____

Do you suffer from any of the following: Please √

Diabetes	Asthma	Epilepsy	Heart Disease	Depression or Mental Illness
☐	☐	☐	☐	☐

Please list any serious illness or operation you may have had and the year in which it occurred

Please list any regular medicine you are taking – including oral contraception

How many aerobic exercise session have you taken in the last week? _____
1 session = 20 minutes

How tall are you? _____ How much do you weigh? _____

Blood Pressure? _____

SMOKING

Do you smoke? _____ If yes, how many a day? _____

If currently a non smoker, have you ever smoked? _____ If yes, when did you stop? _____

We pride ourselves on helping, supporting and actively encouraging smokers to 'QUIT' and can provide one to one in house support and therapy.

Would you like one of Smoking Cessation Advisers to contact you with details of the help, support and advice available?
Yes, please supply your contact details and availability or email us on putneysurgery@nhs.net

Are you allergic to any medicines – e.g Penicillin or Asprin?

FEMALE PATIENTS ONLY

When was your last Cervical Smear? Date_____ Result: _____

Where was it taken?

GP	Clinic	Hospital	Private	Abroad	Never had a smear test
☐	☐	☐	☐	☐	☐

We recommend **ALL** female patients have a smear test every 3 years between the ages of 25 – 65

NEXT OF KIN

Name		Relationship	
Home Tel No		Mobile Tel No	

VACCINATIONS

Please enter the dates of your last:

Tetanus / Polio	
MMR	
Meningitis	

ETHNICITY

Please help us plan for the future healthcare of our population by providing information on your ethnicity

Please tick one box only

White	British	
	Irish	
	Any other White background	
Mixed	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Any other Mixed back-ground	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background	

Black or Black British	Caribbean	
	African	
	Any other Black back-ground	
Other ethnic groups	Chinese	
	Any other ethnic group	
Decline to provide ethnic group		

What is your 1st language?

_____

Any other appropriate information you feel would be useful