

**GIGGS HILL SURGERY – NEW PATIENT FORM
Additional for Women**

It may be a while before your notes arrive from your old Doctor. To ensure we continue to look after you as well I should be grateful if you would kindly answer the following questions.

Name:

Cervical Cytology

Please answer any relevant questions.

When did you have your last smear?

What was the result? NORMAL / ABNORMAL / INADEQUATE

If abnormal/inadequate can you remember what was wrong?

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When did they suggest you be recalled?

3 Months/6 Months/12 months/3 Years

Family Planning

What form of contraception do you use?

When did you last have a PILL CHECK?

Do you have a Coil (IUD/IUS) fitted? YES/NO

When was it fitted?

When was it last checked?

Menopause

Are you on Hormone Replacement Therapy? YES/NO

If over 55 have you had a mammogram? YES/NO

If YES what was the result? NORMAL/ABNORMAL

If ABNORMAL what follow up treatment did you have/are you having?

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We expect all patients to:

Give us at least 48 hours notice of repeat prescriptions

Complete a travel questionnaire at least 72 hours prior to any travel immunisations

Undergo a New Patient Check with one of our nurses

Date:

Thank you for your time.