GIGGS HILL SURGERY – NEW PATIENT FORM

Please complete this questionnaire and hand it to the Receptionist with your Registration Form. Please call the Surgery in a week's time to confirm registration has been accepted and arrange a New Patient Check.

PERSONAL DETAILS

Surname:		Date of Birth:	
Forename:		Ethnicity:	
Address:		Home Phone No:	
		Work Phone No:	
		Mobile No:	
		E-mail:	

Single/Married/Divorced/Widowed/Separated/Co-Habiting (Please circle)

FAMILY HISTORY

Do either of your parents suffer or have died from:

High Blood Pressure	YES/NO	Stroke	YES/NO
Heart disease/attack (Under 60 yrs)	YES/NO	Diabetes	YES/NO
Heart disease/attack (Over 60 yrs)	YES/NO	Asthma	YES/NO
Other, please state:		Cancer	YES/NO

ALLERGIES

Known allergies:	

ALCOHOL INTAKE

Do you drink alcohol:	YES/NO	No. of units per day:	

(1 unit = ½ pint of beer, one glass of wine or single measure of spirits

TABACCO INTAKE

I am a smoker:	YES/NO	I gave up in the year:	
I am an ex-smoker:	YES/NO	I have never smoked:	YES/NO
No of cigarettes smoker now or in the past per day:			
No of oz tobacco smoked now or in the past per day:			

EXERCISE

Do you exercise regularly:	YES/NO	

What level of exercise do you take:

NONE / GENTLE / LIGHT / MODERATE / VIGOROUS (Please circle)

Please tick: Once a month Fortnightly Once a week
Twice a week or more

MEDICAL

Do you have an on-going medical problem we should be aware of? If so please summarise overleaf.	YES/NO

Please write down any regular medication overleaf, it would be helpful if you could attach you repeat prescription slip as it may be a while before your records are sent from your previous GP.

CARER - A Carer is a person who looks after someone with an illness on a regular basis not necessarily all day long.

Are you a Carer?	YES/NO		
If yes do you care for a patient of ours?		YES/NO	
What is their name?			

Would you like to see our Carer Link person, she may be able to offer some helpful solutions to any problems you may have? YES/NO

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

Thank you for your time.

Date: