

GIGGS HILL SURGERY – NEW PATIENT FORM		Date:	
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 Tel No:	
		Work Tel No:	
		Mobile No:	
		E-mail:	
Single / Married / Divorced / Widowed / Separated / Co-Habiting (Please circle)			
FAMILY HISTORY			
Do either of your parents suffer from or have they died from:			
High Blood Pressure	YES/NO	Stroke	YES/NO
Diabetes	YES/NO	Asthma	YES/NO
Heart disease/attack (Under 60 yrs)	YES/NO	Cancer	YES/NO
Heart disease/attack (Over 60 yrs)	YES/NO	Other, please state:	
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)			
TOBACCO INTAKE			
I have never smoked:	YES/NO	I am an ex-smoker:	YES/NO
I am a smoker:	YES/NO	I gave up in the year:	
No of cigarettes smoked per day now or in the past:			
No of oz tobacco smoked per day now or in the past:			
EXERCISE			
Do you exercise regularly:	YES/NO		
What level of exercise do you take:			
None / Light / Moderate / Heavy (Please circle)			
Once a month	Fortnightly	Once a week	Twice a week or more (Please tick)
MEDICAL			
Do you have an on-going medical problem we should be aware of?		YES/NO	
If so please summarise overleaf.			
Please write down any regular medication overleaf. It would be helpful if you could attach your repeat prescription slip, as it may be a while before your notes are received 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?		Relationship:	
Would you like to see our Carer Link person? She may be able to offer you helpful solutions to any problems. YES/NO			
We expect all patients to:			
<ul style="list-style-type: none"> <li>• Give us at least 48 hours notice of repeat prescriptions</li> <li>• Complete a travel questionnaire at least 6 weeks prior to any travel immunisations</li> <li>• Undergo a New Patient Check with one of our nurses</li> </ul>			
Thank you for your time.			