

Holyhead Primary Healthcare Centre

New Patient Questionnaire Form

1 St. James Rd ; Handsworth, Birmingham B21 0HL. Phone:0121 5548516



Instructions:

Please complete this confidential personal health questionnaire (**one for each member of the family to be registered with the Practice**), which is designed to help you prepare for a checkup with your doctor—giving you clues to discuss during your visit.

Even if you think your doctor already knows this stuff about you, or that the answers to these questions are somewhere in your medical files, it helps to take a totally fresh look at yourself today using these particular inquiries.

Most of these questions are meant to be answered with regard to the present day, Spend time with this document. Fill it out in a comfortable place where you don't have any distractions.

Your answers are your own. We encourage you to fill it online and print, sign (or) print this questionnaire out and write your answers directly onto the page.

- 1) Respond to each question carefully and honestly.
- 2) You are required to present in person to sign **Health Questionnaire form** and hand it in at reception.

Fields marked in red are compulsory.

Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate, **print and hand it in at reception:**

Today's Date

I have read and under stand the Instruction

Patient Information

Title

Date of Birth

Surname

NHS No.

First name(s)

Sex

Previous name (if different)

Marital Status

Occupation

No.Of Children

Contact Information

Home Address How Long you been living
in this property

Post Code Telephone No

Mobile No e-mail ID

Please help us trace your previous medical records by providing the following

Name of Previous GP

Previous GP Address

Your Previous address in UK

About You :

Your Height (cm/ft)

Your Weight (stones/lbs/kg)

Your Religion

C of E

Catholic

Other Christian

Buddhist

Hindu

Muslim

Sikh

Jewish

Jehovah's Witness

No religion

Other Please state

Ethnic Group

White

British Irish
Other

Black

African Caribbean
Other

Asian

Indian Pakistani Chinese
Other

Mixed background Please specify :

What languages do you speak well :

****Only for EEA members who have come to UK in the Last Year.**

European Health Insurance Card (**EHIC**)
number :

Smoking, Alcohol Consumption and Exercise:

Are you currently a smoker?	If NO, Have you ever been a smoker?
Yes	Yes
No	No

If so, how many cigarettes / cigars / tobacco do you smoke in a day?

Would you like advice on giving up smoking?

Yes No

When did you quit smoking ?

How much alcohol do you drink in a week (Units)?
(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)

How often do you physical activity / exercise?

Inactive

Moderately Inactive

Moderately active

Active

Medical Information :

Please list any serious illnesses / operations / accidents / disabilities (and for women any pregnancy related problems) and the year they took place

What operations have you had and When?

What operations have you had and When?

Please list any tablets, medicines or other treatments you are currently taking:
(incl. dose + frequency)

Any family history of serious diseases that affect your Parents, Brothers or Sisters
(Please specify clearly)

What immunisations have you had? (please tick all that apply)

Diphtheria

Measles

German Measles

Tetanus

Polio

MMR

Whooping Cough

Pre-school booster

Triple vaccine

Other

Have you ever refused treatment/screening of any kind and if so, what and when?

Are you a Carer ?

Yes No

If yes please give details (name / address / phone number) of the person you care for: :

Do you have a Carer ?

Yes No

If yes please give their details (name / address / phone number) :

You wish us to disclose information about your health to your Carer Please sign Here

I wish my GP to disclose information about my health to my Carer.

Patient Signature

Signature on behalf of Patient

Specific Needs :

Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):

Are you an 'Assistance Dog' User?

Yes No

Please state any Physical disabilities you have:

Please state any Mental disabilities you have:

Please state any requirements you have to be able to access the Practice premises :

Please state any Religious or Cultural needs:

Do you require the help of a Translator / Interpreter? If so Please specify details

Please state any specific nutritional requirements you have:

Please state any allergies and sensitivities you have:

Please state any phobias you have:

Woman Only :

When was your last smear done?

Was this at your GP's Surgery?

Yes No
Other

What was the result of the smear?

Date of last mammogram (if applicable):

Method of contraception (if used):

Do you wish to see a doctor in this practice for contraceptive services (including the pill, coil or cap)?

Yes No

I declare to the best of my belief this information is correct

Patient Signature

Signature on behalf of Patient

*Thank you for completing this form For more information about the services we offer,
please refer to your new patient pack*

GP Practice Use only *(filled by staff only)*

Info

Staff Signature

Holyhead Primary Healthcare Centre
1 St. James's Rd; Handsworth, Birmingham B21 0HL. Phone: 0121 5548516