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## **NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE (Age 16+)**

### **To the Patient:**

*To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.*

Surname: ..... Forename(s): .....

Date of Birth: ..... Marital status: .....

Address: .....

..... Postcode: .....

Home tel: ..... Mobile: .....

Email address: .....

Occupation: .....

Weight (approx): ..... Height: .....

Date of completion of this form: .....

### **Please indicate your Ethnicity:**

<b>1</b>	WHITE - BRITISH	<b>7</b>	ANY OTHER ASIAN BACKGROUND
<b>2</b>	WHITE - IRISH	<b>8</b>	BLACK OR BLACK CARIBBEAN
<b>3</b>	WHITE - OTHER BACKGROUND	<b>9</b>	BLACK / BLACK BRITISH AFRICAN
<b>4</b>	MIXED – WHITE & BLACK CARIBBEAN	<b>10</b>	BLACK / BLACK BRITISH OTHER BACKGROUND
<b>5</b>	MIXED – WHITE & BLACK AFRICAN	<b>11</b>	CHINESE
<b>6</b>	MIXED – OTHER MIXED BACKGROUND	<b>12</b>	ANY OTHER ETHNIC GROUP

**SMOKING**

Do you smoke? Yes / No  
If Yes, how many:  
Cigarettes per day ..... Cigars per day ..... Ounces of tobacco per day .....  
How old were you when you started smoking? .....

**EX-SMOKERS**

How old were you when you stopped smoking? .....  
How much did you smoke per day? .....

**We run a stop smoking clinic at surgery.  
Please ask at reception for further details.**

**PASSIVE SMOKING**

Are you exposed to smoke at work? Yes / No At home? Yes / No

**ALCOHOL**

For the following questions please circle the answer which best applies  
1 drink = 1/2 pint of beer or one glass of wine or 1 single spirits

*How often do you have a drink that contains alcohol?*

*Never Monthly or less 2-4 times per month 2-3 times per week 4+ times per week*

How many standard alcoholic drinks do you have on a typical day when you are drinking?

1 - 2 3 - 4 5 - 6 7 - 8 10+

How often do you have 6 or more standard drinks on one occasion?

*Never Less than monthly Monthly 2-4 times per month Weekly Daily  
or Almost Daily*

**DIET**

Do you add salt to your food after cooking? Yes / No

Do you have a varied diet including milk, meat, vegetables and fruit? Yes / No

Has your Cholesterol been checked in the last 2 years? Yes / No

**EXERCISE**

Do you take regular exercise? Yes / No

If yes, what sort of exercise? .....

How many times per week? .....

**FAMILY HISTORY**

Is there any of the following in your family (*father, mother, brother, sister*) before age of 65?

Heart Disease (heart attacks, angina) Yes / No Which family member? .....

Stroke? Yes / No Which family member? .....

Cancer? Yes / No Which family member? .....

Site of cancer? .....

**MEDICATION**

Please give details of any medication which you take (prescribed or otherwise):

Name of drug: .....

Dosage: .....

Name of drug: .....

Dosage: .....

Name of drug: .....

Dosage: .....

**ALLERGIES**

Are you allergic to any medication/food/other substances? Yes / No

If yes, please give details:

.....  
.....

**PAST MEDICAL HISTORY**

Please give details of any hospital treatment as an in-patient:

.....

Please give details of any treatment for any chronic medical conditions:

.....

Please give dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound:

.....

**IMMUNISATIONS**

Dates of Triple/polio/HIB: .....

Dates of MMR: .....

Date of last Tetanus: .....

**FEMALE PATIENTS**

Date of most recent cervical smear: .....

Result of most recent smear: .....

**CARERS**

Do you need / have anyone who looks after you or your daily needs as Carer? Yes / No

If "Yes", would you like them to deal with your health affairs here? Yes / No

Do you care for anyone else? Yes / No

If "Yes", ask the receptionist about Carers Registration Form

**CONSENT TO SHARE INFORMATION**

You can choose to allow the information contained in your medical records to be shared with other healthcare professionals involved in your care, e.g. community nurses, physiotherapists, specialist nurses.

Please indicate below your preference below:

Do you consent to the sharing of data recorded here with other organisations?

Yes  No

Do you consent to the viewing of data that is recorded at other organisations being shared here?

Yes  No