

GLEBE MEDICAL PRACTICE

New Patient Questionnaire

Surname: Forenames:

Date of Birth:

Present Address:

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Post Code: Tel. No.:

Mobile No:

(if different from above)

We send text messages to patients to remind them of appointments, invite them for annual reviews and as a means of contact when we need to speak to them.

Please indicate if you wish to be contacted by text message YES NO
(Circle where appropriate)

Previous Address:

Previous GP (Name, address and telephone number please)

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Marital Status (Please circle and date if appropriate)

Single Married Separated Divorced Widowed

Next of Kin: Name: Relationship to you:

Tel. No. (Work) (Home)

Address:

Are you a carer (please circle) YES NO (read code .918g)

If yes, who do you care for?

Do you have a carer (please circle) YES NO (read code .918f)

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities and knowing your origins may help with the early identification of some of these conditions.
Please tick only one section.

Ethnic Origin	X	Office Use
White British		9S10.
White Irish		9S11.
Other white ethnic group		9S12.
White Scottish		9S13.
Other white British ethnic group		9S14.
Other ethnic, mixed origin (please state)		9SB..
Indian		9S6..
Pakistani		9S7..
Chinese		9S9..
Other Asian ethnic group		9SH..
Black Caribbean		9S2..
Black African		9S3..
Other black ethnic group		9SG..
Other ethnic group		9SJ..
Ethnic group not recorded		9SE..
Ethnic group – patient refused		9SD..
INTERPRETER NEEDS		
Interpreter needed – British Sign Language		9NUw.
Translator/Interpreter		O41E

Others at Present Address:

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
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Past Medical History:

(e.g. Serious illness, hospital admissions, operations)

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Present Medication: (Prescribed): If you are prescribed regular medication it is **IMPORTANT** that you inform us of the **Drug Name, Dose and Amount** taken. Failure to do so may result in a delay when you request your medication. If you have a tear off slip with your medication from your previous practice please attach with this form.

<u>Drug Name</u>	<u>Dose</u>	<u>Amount Taken</u>
<i>(Example)</i> <i>Aspirin Dispersible</i>	<i>75mg</i>	<i>1 daily</i>
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Self Medication:

Oral Contraception YES NO

Drug Allergies/Side Effects:
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Please indicate where you would like any prescriptions to be sent:

- BOOTS ABBEYGREEN PHARMACY KIRKMUIRHILL COALBURN
- COLLECT FORM SURGERY

Family History:

	<u>Age/Age at Death</u>	<u>Present Health/Cause of Death</u>
Mother
Father
Brothers
Sisters

Specific disease in family (note relation):

(e.g. High blood pressure, heart disease, stroke, diabetes, asthma or allergic disorder, blood disorder, hereditary disorder, ulcers or bowel disease)

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Smoking History: Never Smoked

Ex-Smoker Date Started: Date Stopped:

Amount Smoked . Cigarettes Pipe Cigars

Alcohol Intake: Units/Week

(1 UNIT = 1 GLASS WINE OR SINGLE WHISKY OR HALF PINT BEER)

Signed Date:

Thank you for taking the time to complete this form. The remaining section will be completed in the surgery with the Practice Nurse.

Screening Data:

Date of last:	Cervical Smear:	Immunisation:
	Mammogram:	DTP or DT:
	Contraception :	Polio:
	Date Coil Fitted:	MMR :
		Tetanus :
		Rubella :
		HIB :

Have you ever had the Flu Vac. YES NO Date Given:

Have you ever had the Pneumococcal Vac. YES NO Date Given:

Height Weight BMI

B.P. Urinalysis

DOCUMENTS REQUIRED FOR REGISTRATION

Photo ID

Passport

Driving Licence

Bus Pass

Blue Badge

Alternatively Medical card or Birth Certificate (patients without Photo ID)

Proof of Residency

Utility Bill

Bank Statement Header

Rent Book

Online registration (for ordering repeat medication)

Please complete the form “Glebe Medical Practice Online Services”. Once you are a registered patient, (approx 1-2 weeks) please collect the online information from the Practice reception. This will enable you to create a username and password.

If you are registering from abroad

Passport

Work Permit

Self Employed - Invoices or receipts for your work.

Student Visa and a letter from your college or university stating when your course starts and how long it lasts.