

SWAVESEY SURGERY

NEW PATIENT REGISTRATION QUESTIONNAIRE - OVER 15 YEARS

All information given on this form is confidential

Surname		Forenames		
Date of Birth		Address		
Tele No				
Mobile No				
Email address				
Would you be happy for us to text you regarding appointment reminders?			Yes	No
Occupation				

NEXT OF KIN				
Name		Tele No		
Relationship				
Address				
Would you be happy for us to divulge your health details to your next of kin if we need to contact them in an emergency?			Yes	No

PERSONAL MEDICAL HISTORY	Yes	No
Do you have any ongoing health problems? Please include any diabetes/asthma/heart disease/blood pressure stroke/mental health problems/any major operations or illnesses/any current health problems: If yes, please specify		
Do you take any medication other than the Contraceptive Pill? (please attach any current repeat prescription forms)	Yes	No
Do you have any allergies? If yes, please specify		
Do you have any family history of Chronic Diseases eg Diabetes, Heart Disease? If yes, please specify		

HEALTHY LIFESTYLE			
What is your height?		What is your weight?	
Do you undertake regular exercise? (eg walking, cycling, swimming)		Yes	No
If yes, please specify			
How often do you have a drink that contains alcohol?			Please tick
N/A			
Never			
Monthly or less			
2-4 times a week			
4 or more times a week			
How many standard alcoholic drinks do you have on a typical day when you are drinking?			Please tick
N/A			
1 or 2			
3 or 4			
5 or 6			
7 or 8			
10 or more			
How often do you have 6 or more standard drinks on one occasion?			Please tick
N/A			
Never			
Less than monthly			
Monthly or less			
Weekly			
Daily or almost daily			
Do you smoke?		Yes	No
If yes, how many do you smoke a day?			
If ex-smoker what date approximately did you give up?			

We offer a smoking cessation advice service at the surgery. If you would like to discuss this with a nurse please make an appointment at reception.

ETHNIC ORIGIN (please tick one)		
British/Mixed	White & Asian	Other Asian
Irish	Other Mixed	Caribbean
Other White	Indian/British	African
W&B Caribbean	Pakistani/British	Other Black
W&B African	Bangladeshi/British	Chinese
White/British		
What is your main spoken language?		

Office use only : read coded