

# SOUTHFIELD MEDICAL PRACTICE

## NEW PATIENT QUESTIONNAIRE

**NAME**.....

**Previous Name (if applicable)** .....

**ADDRESS** .....

(How long have you lived at this address. ....

**PHONE NO: Mobile** ..... **Home** .....

**Work** .....

**OCCUPATION** .....

**If Retired previous occupation** .....

**If at school/college/university (? Which one)** .....

**Do you think your home circumstances have an adverse affect on your health. YES/NO. (if yes) WHY?** .....

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### 1. WHAT OPERATIONS OR SERIOUS ILLNESSES HAVE YOU HAD?

### 2. ARE THERE ANY ILLNESSES WHICH RUN IN THE FAMILY?

HAS A PARENT OR BROTHER OR SISTER HAD:- CIRCLE IF YES

A HIGH BLOOD PRESSURE

B HEART ATTACK OR ANGINA

C STROKE

D ASTHMA

E DIABETES

F HIGH CHOLESTEROL

G GLAUCOMA

H NONE OF THE ABOVE

I OTHER (Please state) .....

AT WHAT AGE?.....

**3. WHAT MEDICINES, TABLETS, INHALERS, CREAMS, PILLS ARE YOU TAKING? (If on repeat medication please attach order form from previous surgery.)**

**4. WHAT DRUGS ARE YOU ALLERGIC TO?**

**5. DO YOU SMOKE? YES/NO If Yes how many? .....**

- (1) If NO, have you ever smoked?
- (2) When did you stop smoking. ....Year ago
- (3) Do you smoke Cigars?
- (4) Do you smoke a pipe?
- (5) Do you use Ecigs?

**6. DO YOU EVER DRINK ALCOHOL? YES/NO**

HOW MANY UNITS DO YOU DRINK PER WEEK? 1 UNIT IS A GLASS OF WINE, A PUB MEASURE OF SPIRITS AND HALF A PINT OF BEER.

On average how many units of alcohol do you drink per week? .....

**7. DESCRIBE WHAT EXERCISE YOU TAKE**

It is recommended that you have 150 minutes of moderate exercise per week. This includes walking. How do you achieve this? (eg. Walk, cycle, swim, run, gardening etc)

ACTIVITY	DURATION	HOW MANY TIMES PER WEEK.

**Welcome to Southfield Medical Practice. Please make an appointment with the Practice Nurse for a New Patient Medical and bring a sample of urine with you.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**What is your ethnic group?** Chose ONE section from A to E, then tick the appropriate box to indicate your ethnic group.

**A: *White***

- British
- Irish
- Any other White background, please state \_\_\_\_\_

**B: *Mixed***

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, please state \_\_\_\_\_

**C: *Asian or Asian British***

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please state \_\_\_\_\_

**D: *Black or Black British***

- Caribbean
- African
- Any other Black background, please state \_\_\_\_\_

**E: *Chinese or other ethnic group***

- Chinese
- Any other, please state \_\_\_\_\_

Not stated

**WHAT LANGUAGES DO YOU SPEAK? .....**

**DO YOU NEED A TRANSLATOR? YES/NO**