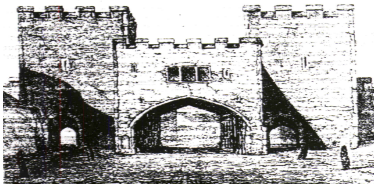

ST STEPHENS GATE MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE

Thank you for joining our Practice
Please complete the following brief Questionnaire

Surname:_____ First Names:_____

D.O.B.:_____

Are any members of your Family registered with the Practice?

Parents: ☐ Spouse: ☐ Partner: ☐ Children: ☐ Other: ☐ (Please state relationship) .....

How did you hear about the Practice? Website: ☐ Relative/Friend ☐ Internet search ☐
Practice advertisement ☐

Other ☐ (Please state) ……

Reason for Joining the Practice: Moved into Area ☐ Convenient location ☐ Opening Times ☐
Choice of Appointments ☐ Specialist care available e.g. diabetic clinic ☐

Other ☐ (Please state) ……

PERSONAL MEDICAL HISTORY:

Please tick the box if you have suffered from:

High Blood Pressure	☐	Heart attack	☐
Angina	☐	Depression	☐
Asthma	☐	Diabetes	☐
Epilepsy/Fits	☐	Cancer	☐
Stroke	☐	Other :_____	

Any operations in the past: Yes ☐ No ☐ If yes please specify _____

Any current Illness: Yes ☐ No ☐ If yes please specify _____

Are you taking any Medication? Yes ☐ No ☐
If yes - please list below all current medications, including any hay fever treatment.
_____
_____
_____

Are you allergic to any Medication Yes ☐ No ☐
If yes please specify:_____
_____
_____

Continued overleaf

PERSONAL INFORMATION:

Current Weight: _____ Height:_____

Do you smoke: Yes ☐ No ☐ SMOKING CAN DAMAGE YOUR HEALTH

If yes how many a day …….. Smoking cessation advice is available, make an appointment now.

Do you drink: Yes ☐ No ☐

How much weekly intake:

Full Pints	Glasses of Wine	Spirits

Do you exercise regularly Yes ☐ No ☐

If yes please give details:_____

Family History (ie Parents Brothers Sisters)

Is there a family history of: Asthma ☐
Heart Disease ☐
Cancer ☐
Diabetes or Stroke ☐

If Yes please specify:_____
_____

Female Patient Only

Date of last Cervical Smear:_____ Results: _____

Are you using Contraception: Yes ☐ No ☐

Which Method: Pill ☐ Condom ☐ Other ☐

_____

- Please provide a urine sample for routine testing – Specimen Bottles provided at the Reception.
- If you wish, our Practice Nurse can offer a full Health Check.
- Based on the above information, we may wish to invite you for a Personal Health Check with a doctor.

If you have any further questions please feel free to ask on of the Receptionists.

Welcome to St Stephens Gate Medical Practice