



New Registration Patient Questionnaire

Welcome to the practice. Please help us by filling in as much of this questionnaire as possible.

Surname : _____ Date & Place of birth : _____
Maiden Name: _____ Marital Status : _____
Forenames : _____
Address : _____ Previous Address : _____

Postcode : _____ Previous Postcode: _____
Ethnic Origin (please chose from codes overleaf) : _____
First language: _____
Next of kin name & contact number: _____

Tel No: _____ Your NHS Number : _____
Mobile No: _____ **Admin only:** NHS CARD YES NO
Email address: _____ Identification Documents YES NO

Previous GP:

Address :

Please answer the following questions about your health (please continue overleaf if necessary)

- Are you currently under the care of a Hospital Consultant? Details _____
- Are you allergic to any drugs? YES NO Please give details: _____
- Do you smoke? YES (How many per day?) _____ EX-SMOKER (How many per day?) _____
- How old were you when you stopped smoking? _____ NON-SMOKER (and never smoked in the past)
- When did you last have a tetanus injection? _____
- Ladies: Please give date of last smear? _____ or have you had a hysterectomy(date) _____
- Has anyone in your family ever had a heart attack or stroke? YES NO Relationship _____
- If YES, were they aged under 60 at the time? YES NO
- Has anyone developed diabetes? YES NO Relationship _____
- Is there a history of glaucoma? YES NO Relationship _____
- Is there a history of epilepsy? YES NO Relationship _____
- Does anyone have high cholesterol? YES NO Relationship _____
- Is there a history of asthma? YES NO Relationship _____
- Is there any significant family medical history? Details _____
- Are you a registered carer? YES NO Relationship _____
- Gentlemen, do you suffer from erectile dysfunction? YES NO

Patients Signature.....

Date:.....

Ethnic data codes**White:**

British 01
Irish 02
Other mixed 03

Mixed:

White & black Caribbean 04
White & black African 05
White & Asian 06
Other mixed 07

Asian or Asian British:

Indian 08
Pakistani 09
Bangladeshi 10
Other Asian 11

Black or Black British:

Black Caribbean 12
Black African 13
Other Black 14

Other Ethnic:

Chinese 15
Other Ethnic category 16

Not stated 17