

## **New Patient Questionnaire Form Adult (over 16)**

Practices are required to allocate a named, accountable GP to all patients, including children. Please be assured all patients registered at our practice are allocated a named GP.

Please be aware that this does not affect your ability to make appointments with any of the GP's in the practice of you choosing.

Thank you for choosing to apply at Wem and Prees medical practice. We would like to gather some information about you and ask you to fill in the following questionnaire.

First Name:	Last Name:		
Date Of Birth:	Consent To Leave Voicemails? YES / NO		
	Consent To SMS? YES/ NO		
First Language (English, Polish etc):			
Do You Require An Interpreter?	YES / NO		
Next Of Kin Name:	Their Telephone Number:		
Your Height:	Your Weight:		
Have you even been diagnosed to have any on Diabetes- YES / NO	of the following?  Hypertension- YES / NO		
Respiratory-(Including Asthma & COPD) YES / NO	Chronic Heart Disease – YES / NO		
Do You Current Take Any Medication?	If Yes What Medication?		
Do You Smoke?	VES / NO		
Do You Smoke?  If Yes How Many A Day?	YES / NO		
If Yes How Many A Day?	YES / NO		
	YES / NO		
If Yes How Many A Day? Ex-Smoker:	stered Have Hearing and/or visual los		

Please note that whilst we will do all we can to meet your communication needs, some formats may not be available or may take some time to organise

Dr R E Oldroyd \* Dr C R Rogers \* Dr E Blunsum\* Dr E Smart \* Dr M Philpott \* Dr A King \* Dr J Uchidiuno \* Dr E Hindmarsh \* Dr N West \* Dr N Thornley\*Caroline Morris (Mrs)

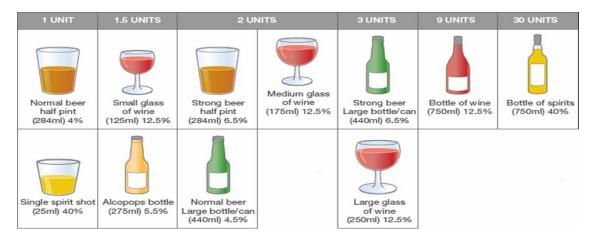


## Medication you're currently taking

## **ALCOHOL**

7.200.002						
	0	1	2	3	4	Your
						score
	Never	Monthly	2-4 times	2-3 times	4+ times	
How often do you		or less	per	per week	per week	
drink alcohol?			month			
How many units do						
you consume on a						
typical day when you	1-2	3-4	5-6	7-9	10+	
are drinking?						
How often have you						
had 6 or more units						
on a single occasion						
when consuming	Never	Less than	Monthly	Weekly	Daily or	
alcohol in the past		monthly			almost	
year?					daily	

## For Units Per Drink See Table Below



Do You Have A Carer?	YES / NO	
Name Of Carer/Agency:		
Signed:		

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Print Name:				
Date:				
		1		
Are you A Carer?		YES / NO		
your record online? Please speak Please note if you register a mobi appointment reminders. You can reception.	to a membe le number w	r of the rec vith the pra this service	ctice this will be used to send you by informing a member of	
Name of who to contact in an emergency:		Relationship to you:		
Telephone number(s):		Address:		
High Blood pressure  Heart Disease	YES YES		WHO:	
Raised Cholesterol	YES		WHO:	
Stroke/CVA		'ES	WHO:	
Asthma	Y	'ES	WHO:	
Any Cancers	YES		WHO:	
Thyroid Disorders	YES		WHO:	
Epilepsy	YES		WHO:	

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