

Welcome to Chillington Health Centre - New Patient Health Questionnaire
 Please take a few minutes to complete this questionnaire and hand it back to the receptionist.

Please bring photographic proof of identification when returning these forms.

ALL INFORMATION IS CONFIDENTIAL

NAME: Mr/Mrs/Miss	Ethnicity:
DOB:	Occupation:
ADDRESS:	
Telephone:	Mobile:
Email:	Next of Kin: Relationship:
Can we contact you by text? Yes / No	Contact no:

Are you a Carer? Yes / No

Do you have any special communication needs? Yes / No

If yes : sign language large print other

Do you have:

Year of Diagnosis if known

	YES	NO	Year of Diagnosis if known
ASTHMA	YES	NO	
DIABETES	YES	NO	
STROKE	YES	NO	
HIGH BLOOD PRESSURE	YES	NO	
ANGINA	YES	NO	
HEART/CHEST PROBLEMS	YES	NO	

Do you have any recurrent or ongoing medical conditions? If NONE (please tick)

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Are you allergic to anything? YES/NO

If YES please give details:

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Please list any operations you have had:

If NONE (please tick)

OPERATION	DATE (If known)

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Please list any medication you are taking from your Doctor or from the Chemist, or attach your repeat ordering slip from your previous Surgery. If NONE (please tick)

MEDICINE	DOSE	How often taken?

YOUR FAMILY HISTORY

	Who suffered?	Age	How affected
HIGH BLOOD PRESSURE			
HEART DISEASE			
DIABETES			
STROKE			
ASTHMA			
CANCER			
GLAUCOMA			

Are there any other illnesses relevant to your family?

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DO YOU SMOKE?	YES	NO
How many cigarettes do you smoke? (or Tobacco by the oz?)	Number	
DO YOU WANT TO STOP?	YES	NO
If YES Please make an appointment with the Practice nurse for advice		
IF YOU ARE A NONSMOKER, HAVE YOU EVER SMOKED?	YES	NO
IF YES? When did you stop?	Date	

DO YOU DRINK ALCOHOL?	YES	NO
UNITS PER WEEK (1 unit = ½ pint beer/1 measure of sprits/1 glass wine)		

What is your approximate height and weight?	HEIGHT:
	WEIGHT:

WOMEN ONLY

Date of last cervical smear	Date
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Result	
Have you had a Mammogram?:	Date:
Do you have an IUD/IUS coil	YES/NO
If yes – when is it due to be changed?	

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Please book an appointment with the Health Care Assistant / Practice Nurse / Doctor for a New Patient Check, and could you please bring with you a sample of your urine for testing.

We have an active Patient Participation Group – please indicate if you are interested in joining and speak to our reception staff. Sign up forms are available from reception or via our website www.chillingtonsurgery.co.uk.

Please tick the box on the right if you consent to being contacted time via email and SMS text message with news about the practice

Please tick the box on the right if you consent to being contacted via email and SMS text message with advice about your health and/or appointment reminders.

Signature.....Date.....

We offer online consultations with your GP. For more information visit www.chillingtonsurgery.co.uk We hope you find the service useful and in many instances, it should remove the need for you to come into the surgery.