

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 of the following?

Diabetes- YES / NO	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?	YES / NO
If Yes How Many A Day?	
Ex-Smoker:	

Registered Blind	<input type="checkbox"/>	Registered Deaf	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Have Hearing and/or visual loss	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Deafblind	<input type="checkbox"/>	Any other Disability	_____
			<input type="checkbox"/>	Dementia			

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

Medication you're currently taking

ALCOHOL

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

For Units Per Drink See Table Below

1 UNIT	1.5 UNITS	2 UNITS	3 UNITS	9 UNITS	30 UNITS	
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Medium glass of wine (175ml) 12.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%		 Large glass of wine (250ml) 12.5%		

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

Print Name:	
Date:	

Are you A Carer?	YES / NO
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Did you know you can make appointments, request repeat prescriptions and gain access to your record online? Please speak to a member of the reception team for further details. Please note if you register a mobile number with the practice this will be used to send you appointment reminders. You can OPT OUT of this service by informing a member of reception.

Emergency Contact Details

Name of who to contact in an emergency:	Relationship to you:
Telephone number(s):	Address:

Do You Have Any Family History Of Any Of The Following?

High Blood pressure	YES	WHO:
Heart Disease	YES	WHO:
Raised Cholesterol	YES	WHO:
Stroke/CVA	YES	WHO:
Asthma	YES	WHO:
Any Cancers	YES	WHO:
Thyroid Disorders	YES	WHO:
Epilepsy	YES	WHO:

ONCE YOU HAVE REGISTERED IF THERE ARE ANY PROBLEMS WITH YOUR REGISTRATION YOU WILL BE CONTACTED!

All information provided within this form is handled confidentially.

Signed:
Print Name:
Date: