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| **Abercromby Family Practice** |

**New Patient Questionnaire**

**New Patient Health Check Appointment………………………..with……………………….**

**Made by…………………………………………………..**

***HELP US TO HELP YOU***

*Please answer the following questions, this will enable the practice to provide services that meet your needs and requirements.*

**Your Name**…………………………………………………. **Your Mobile Number**……………………………………

**Your Home Number**……………………………………

**Your Date of Birth**………………………………………. **Your Email Address**………………………………………

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Place of birth: |  | | | | Country of birth: | | |  | | |
| Are you a refugee?  **(13ZB)** |  | | | | Are you an asylum seeker? **(13ZN)** | | |  | | |
| Date you came to the UK: | | | | | | | | | | |
| Country you came to the UK from: | | | | | | | | | | |
| Can you speak English: | | | | | | | | | | |
| Do you need an Interpreter:  **(9NU0)** | | | | | | | | | | |
| Do you have any information or communication needs: | | | | | | | | | | |
| How can we meet these needs? | | | | | | | | | | |
| Please tick your ethnicity from the following –  **White**   |  |  | | --- | --- | |  | English | |  | Welsh | |  | Scottish | |  | Northern Irish | |  | British | |  | Irish | |  | Gypsy or Irish Traveller | |  | Any other White background |   **Mixed or Multiple ethnic groups**   |  |  | | --- | --- | |  | White and Black Caribbean | |  | White and Black African | |  | White and Asian | |  | Any other mixed or multiple ethnic background |   **Asian or Asian British**   |  |  | | --- | --- | |  | Indian | |  | Pakistani | |  | Bangladeshi | |  | Chinese | |  | Any other Asian background |   **Black, African, Caribbean or Black British**   |  |  | | --- | --- | |  | African | |  | Caribbean | |  | Any other Black, African or Caribbean background |   **Other ethnic group**   |  |  | | --- | --- | |  | Arab | |  | Any other ethnic group | | | | | | | | | | | |
| Do you have any allergies? | | | | | | | | | | |
| What is your height and weight? | | | | | | | | | | |
| Do you exercise? | | | | | | | | | | |
| Do you have a healthy diet? | | | | | | | | | | |
| Do you have any family history of Diabetes? | | | | | | | | | | |
| Do you have any family history of heart disease or stroke? | | | | | | | | | | |
| Do you take any regular medication? | | | | | | | | | | |
| Do you care for somebody i.e family member, neighbour or friend?:  **(918G)** | | | | | | | | | | |
| Do you have a carer:  **(918F)** | | | | | | | | | | |
| What is your Religion: | | | | | | | | | | |
| Are you a current smoker: | | | Yes **(137R)** | | | | | | No **(1371)** | |
| Ex-smoker:  **(137S)** | | 1-9 per day:  **(1373)** | | 10-19 per day:  **(1374)** | | | 20-39 per day:  **(1375)** | | | 40+ per day:  **(1376)** |
| Do you drink alcohol: | | | Yes | | | | | | No **(136M)** | |
| If yes how many units do you consume per week: (1 unit = 1 small glass of wine) **(136)** | | | | | |  | | | | |
| Do you have a history of military service: | | | Yes **(13Ji)** | | | | | | No | |

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| **CHILDREN ONLY** – Name/s of Person/s with Parental Responsibility |

**NEXT OF KIN**

Should we need to contact you urgently, or in the event of an emergency, we would be grateful if you could provide us with the following details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Next of Kin  **(9182)** |  | Relationship |  |
| Address |  | Telephone Number  **(918x)** |  |

Your named GP is ……………………………………………………………………….. **(67DJ) (9NN60)**