THE CALOW AND BRIMINGTON PRACTICE
NEW PATIENT QUESTIONNAIRE

Patient Details:

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ____________ Surname: ____________________

Date of Birth ____________ First Names: ____________________

NHS No: ____________________ Previous Surname(s) ____________________

☐ Male ☐ Female Town & Country of Birth: ____________________

Home Address: ____

____

Post Code: ______________ Telephone Numbers: Home: ____________________

Email: ________________@______________ Mobile: ____________________

Can we send you SMS messages/emails? ☐ Yes ☐ No

Do you have a Summary Care Record (SCR)?	☐ Yes ☐ No ☐ Don't Know
If yes, do you wish this to continue?	☐ Yes ☐ No ☐ I want to think about it
If no, do you wish to have an SCR?	☐ Yes ☐ No ☐ I want to think about it

Are you a carer? **Yes/No** If **yes**, who do you care for? And are they registered with our practice?

What sort of diet do you follow? (please circle appropriate diet)

Good **Average** **Poor** **Vegetarian** **Gluten Free**

How often do you have a drink containing alcohol? (please circle appropriate answers)

Never **Monthly or less** **2-4 times/month** **2-3 times/week** **4 or more times/week**

How many standard drinks containing alcohol do you have on a typical day when you are drinking? (See below for standard units)

1-2 units **3-4 units** **5-6 units** **7-9 units** **10 or more units**

How often do you have 6 or more standard drinks on one occasion?

Never **Less than monthly** **Monthly** **Weekly** **Daily or almost daily**

UNITS of ALCOHOL:

Pint of regular beer/lager/cider = **2 units**	Alcopop or can of lager = **1.5 units**	Glass of wine (175ml) = **2 units**	Single pub measure of spirits = **1 unit**	Bottle of standard wine = **9 units**

Do you take regular exercise? – please indicate how much

No moderate or vigorous exercise of 20 minutes or more	______
1-4 occasions of moderate/vigorous exercise in 4 weeks	______
5-11 occasions of moderate/vigorous exercise in 4 weeks	______
12 or more occasions of moderate exercise in 4 weeks	______
12 or more occasions of moderate/vigorous exercise in 4 weeks	______
12 or more occasions of vigorous exercise in 4 weeks	______

PLEASE TURN OVER

Do you or any blood relative, suffer from, or have previously suffered from any of the following?					
	You	Relative (if yes, what relation?)		You	Relative (if yes, what relation?)
High Blood Pressure	**Yes / No**	**Yes / No**	Cancer	**Yes / No**	**Yes / No**
Heart Disease	**Yes / No**	**Yes / No**	Epilepsy	**Yes / No**	**Yes / No**
Asthma	**Yes / No**	**Yes / No**	Stroke	**Yes / No**	**Yes / No**
Diabetes	**Yes / No**	**Yes / No**			
Any Other (please specify ______					

Are you on any regular medication?	**Yes / No** (If yes, please list below)
Medication	Dosage

If you are on any regular medication, please make an appointment to see the GP before your next prescription is due.

We offer an electronic prescription service, if you wish for your prescriptions to be sent electronically to your preferred Pharmacy then please make us aware; alternatively you can inform your Pharmacy that you wish to nominate them.

Do you have any known allergies (e.g. penicillin, nuts etc)? **Yes/No**
If yes please give details

Do you smoke now? **Yes/No** If yes how many per day?
Have you previously smoked? **Yes/No** If yes when did you stop?
For FREE local support to stop smoking call **0800 085 22 99** or **01246 868425** or register online
www.derbyshirecountystopsmokingservice.nhs.uk

Do you have a disability? **Yes/No**
If Yes, do you have any communication needs? If so, how can we help?……………………………………
………
………

Signature:______________________ Date:________________________
Patient/On behalf of Patient (please delete)

PLEASE TURN OVER