**New Patient Registration Questionnaire**

This form requires full completion and handed into Surgery with Medical Card/GMS1 form. Failure to do so will result in delay of application process.

Surname Mr/Mrs/Miss

Forenames

Previous Surname

Male / Female

Date of Birth / /

Country of Birth

First Language

Ethnicity

Date entered country

Address:

Postcode

Home telephone

Mobile telephone

Occupation

Previous GP

Address

**Do you Smoke?** (please tick)

**Yes** ………./daily (please indicate number)

**No – given up** When? …….. How many daily? ……….

**No- never smoked**

**Alcohol consumption.** Please answer the three questions below by circling your choice

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Questions | 0 | 1 | 2 | 3 | 4 |  |
| How often do you have a drink that contains alcohol? | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times |  |
| How many standard alcohol drinks do you have on typical day when you drinking? | 1-2 | 3-4 | 5-6 | 7-8 | more |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less then monthly  | Monthly | Weekly | Daily or almost daily |  |

**Allergies**

Are you allergic or sensitive to any medicines, food, animals etc? YES /NOT

If yes, details:……………………………………

|  |  |  |
| --- | --- | --- |
|  | **Personal History** | **Family History** |
| **Heart disease**  | YES / NO | Mother/Father/Sister/Brother YES / NO |
| **Heart disease under 60**  | YES / NO | Mother/Father/Sister/Brother YES / NO |
| **Stroke** | YES / NO | Mother/Father/Sister/Brother YES / NO |
| **Asthma** | YES / NO | Mother/Father/Sister/Brother YES / NO |
| **Diabetes** | YES / NO | Mother/Father/Sister/Brother YES / NO |
| **Cancer** | YES / NO | Mother/Father/Sister/Brother YES / NO |
| **Blood Pressure** | YES / NO | Mother/Father/Sister/Brother YES / NO |

Serious illness or operations:

Repeat medication:

Height …………… Weight………..

**This Surgery operates a Zero Tolerance approach towards violence and abuse of staff and property either on the premises or on the telephone.**

**By registering with this Practice you agree to behave appropriately and understand that failing to do so could result in removal from the Practice List.**

|  |  |
| --- | --- |
| For Office use: |  |
| Type of ID provided  | Checked by: |