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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**………………………………………

**Questions that carry \* must be filled in**

|  |  |  |  |
| --- | --- | --- | --- |
| 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) \*** |
| Which language do you speak: \* |
| 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 |

|  |
| --- |
| **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)**