

NETTLEHAM MEDICAL PRACTICE

Welcome to Nettleham Medical Practice. As it will take a little while for your full medical records to arrive from your previous GP practice, we would be grateful if you could complete this New Patient Personal History Questionnaire so that we know a little bit about you whilst we await your full records. Thank You

PERSONAL INFORMATION		
Full Name (including Title)		
Date of Birth		
Marital Status	Married/Single/Divorced/Widowed/Cohabiting/Other	
Home Telephone Number		
Mobile Telephone Number		
Email Address		
Preferred Method of Contact	Post/Telephone/Email/SMS	
Contact Name & Telephone Number of friend or relative in case of an emergency		
What is your present occupation? (Please tell us if you are retired or unemployed)		
Have you ever been a member of the armed forces?	Yes <input type="checkbox"/>	No
If yes, please tell us your enlistment & discharge dates	Joined	Left

CARER INFORMATION		
Are you a Carer? (Someone who has main responsibility for another person who is unwell, disabled or dependent?)	Yes No	
If you care for a patient at this practice, please write their full name, address and date of birth.		
Do you have a Carer?	Yes	No
If yes, please provide their details.		

YOUR HEALTH

<p>Do you have an Advanced Directive (living will)? <i>An advance decision allows you to express your wishes to refuse medical treatment in future. It is sometimes referred to as a living will.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">Please provide the practice with a copy</p>	<p style="text-align: center;">No</p>
<p>Do you have a lasting Power of Attorney for Health & Wellbeing (LPA)?</p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">Please provide the practice with a copy</p>	<p style="text-align: center;">No</p>
<p>Do you have any allergies? Please specify drug and non drug ones.</p>	<p style="text-align: center;">Yes</p>	<p style="text-align: center;">No</p>
<p>Please list any CURRENT medical problems.</p>		
<p>Please list past illnesses including the year</p>		
<p>Please list past operations and the year.</p>		
<p>Please list your current medications or supply a list.</p>		
<p>Please list any 'over the counter' medications that you take</p>		
<p>Would you like to nominate a pharmacy for your prescriptions to be sent to? (non dispensing patients only)</p>		
<p>Do you have any other problems that you feel your GP should know about?</p>		

FAMILY HISTORY

Tell us about your parents/siblings (i.e. direct blood relations NOT half siblings)

Relation	Serious Illness & Age	Cause of Death & Age

SPECIAL REQUIREMENTS

Do you consider yourself to have any learning disabilities (such as dyslexia etc)? <i>If yes, please give details</i>	Yes	No
Do you have any sensory difficulties i.e. blind, deaf? <i>If yes, please give details</i>	Yes	No

FEMALES ONLY

Do you currently use any contraceptive medication?	Yes	No
Do you take Oral Contraceptives? <i>please give full details of last prescription</i>		
Do you have regular Depo Provera injections? <i>please give full details of last Injection—Where & when</i>		
Do you have a contraceptive implant at present? <i>please give full details of last fitting—Where & when</i>		
Do you have a coil/IUCD fitted? <i>please give full details of last fitting—Where & when</i>		

LIFESTYLE

It is important that your GP knows how much alcohol you consume.
For the following questions, please tick the answer which best applies.

1. MEN: How often do you have EIGHT or more drinks on ONE occasion?
WOMEN: How often do you have SIX or more drinks on ONE occasion?

Never ⁰ Less ¹
Than monthly Monthly ² Weekly ³ Daily or ⁴
almost daily

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ⁰ Less ¹
Than monthly Monthly ² Weekly ³ Daily or ⁴
almost daily

3. How often during the last year have you failed to do what was normally expected of you because of drinking?

Never ⁰ Less ¹
Than monthly Monthly ² Weekly ³ Daily or ⁴
almost daily

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No ⁰ Yes on one occasion ² Yes on more than ⁴
one occasion

How many drinks do you consume per week?

Note: 1 Drink = 1/2 pint of beer or 1 glass of wine or 1 single spirit *

* Taken from the Manual for the Fast Alcohol Screening Test (FAST)

SMOKING STATUS

Remember smoking can harm your health. Please tell us if you do/ do not smoke

A. I have never smoked

B. I used to smoke but I do not smoke now

C. I do smoke and I do not want help in giving up at the moment

D. I do smoke and would like help in giving up. (Help to stop smoking is available at the practice?)

If you are a smoker:

How many cigarettes do you smoke each week? _____

How many cigars do you smoke each week? _____

If you are a pipe smoker, how many times per week? _____

LIFESTYLE (continued)

How often do you exercise?

A - Exercise is physically impossible

B - Avoids even trivial exercise

C - Enjoys Light exercise

D - Moderate exercise

E—Enjoys heavy exercise

To help us calculate your Body Mass index (BMI) please fill in the following:

Weight: _____

Height: _____

ETHNICITY

The Department of Health now requires us to record the ethnicity and first language of our patients. This is not compulsory but may help with your healthcare, as some health problems are more common in specific communities and knowing your origins may help with the early identification of some of these conditions. Please indicate your ethnicity below;

White

A—British

B—Irish

C—Any other white background (please specify)

Mixed

D—White & Black Caribbean

E—White & Black African

F—White & Asian

G—Any other mixed background (please specify)

Asian or Asian British

H — Indian

J — Pakistani

K — Bangladeshi

L — Any other Asian background (please specify)

Black or Black British

M — Caribbean

N — African

P —Any other black background (please specify)

Other Ethnic Groups

R — Chinese

S — Any other ethnic group (please specify)

T — Not Stated

Language

What is your first language?

Religion

What is your religion?