

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	
Date of Birth	
Home Telephone Number	
Which school do you attend?	
Who has parental responsibility for the child?	

FAMILY HISTORY		
<i>Tell us about your parents/siblings (i.e. direct blood relations NOT half siblings)</i>		
Relation	Serious Illness & Age	Cause of Death & Age

YOUR HEALTH		
Do you have any allergies? Please specify drugs & non drugs ones.	Yes	No
Please list any CURRENT medical problems		
Please list past illnesses including the year		
Please list past operations and the year		
Do you consider yourself to have any learning disabilities such as dyslexia?	Yes	No
Do you have any sensory difficulties e.g. blind, deaf?	Yes	No

YOUR HEALTH (Contd.)

Please list your current medications or supply a list

Please list any 'over the counter' medications

Would you like to nominate a Pharmacy for your prescriptions to be sent to? (non-dispensing patients only)

Do you have any other problems that you feel your GP should know about?

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?