

CHIRK SURGERY

New Patient Health Check Questionnaire

Personal Details

Preferred Title:	Town of Birth:
Surname:	Country of Birth:
Previous Surname:	Nationality
Forenames:	Date of Birth:
Preferred Name:	Age:
Marital Status:	Occupation:
Gender: Male / Female	NHS No:
Have you been registered with this practice before?	Yes No
Other Family Members Registered:	
Have you served as a member of the Armed Forces?	Yes No

House Number/Name:	
Street:	
Locality:	
Town:	
County:	
Postcode:	

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Telephone Home:

Telephone Work:

Mobile Phone:

Email:

Preferred spoken language:

We may sometimes use your mobile phone number to send an appointment reminder by text which could be sent at any time.

Please tick box if you prefer not to receive appointment reminders by text.

It is the patient's responsibility to keep the surgery up to date with correct contact details.

Last Doctor (if known):

Name:

Address:

Medical History

Have you ever had any of the following illnesses?

Asthma

Epilepsy

Angina

High Blood Pressure

Diabetes

Stroke

Heart Attack

Cancer

Have you had other major illnesses or operations?

Date	Operation / Illness / Event

Current Medication

Are you waiting for an outpatient appointment or operation? If yes, please give details:

Lifestyle



If you drink, how much do you drink? Please try to give an estimate for a week:

Wine Units per Week (1.5 per glass)

Spirits Units per Week (1 per measure)

Beer Units per Week (2 per pint)



Have you ever been a regular smoker?

Yes

No

Do you currently smoke?

Yes

No

If yes, what do you smoke and how much?

Type	Quantity per Day	
Cigarettes		
Cigars		
Roll Ups		
Pipe		



Do you exercise?

Type	✓	How often do you exercise per week for 20 minutes or more		
		1 – 4 times	5 – 11 times	12+ times
Light exercise				
Moderate exercise				
Heavy exercise				
Do not exercise				

Family History

Have either of your parents, brothers or sisters a history of:

Asthma

High Blood Pressure

Breast Cancer

Glaucoma

Diabetes

Stroke

Heart Disease

Other

Women's Health

Have you ever had a smear?

Yes ✓

No ✓

Date:

Result:

Children's Health

Immunised against:

Whooping Cough

Haemophilus (Hib)

Diphtheria

Measles, Mumps, Rubella (MMR)

Tetanus

Meningitis

Polio

Carers

A carer is someone of any age who provides unpaid support to a family member or friend who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Are you a carer?
Yes

No

For whom do you care? (e.g. parent, child)

Or

Does someone care for you? Yes

No

Ethnicity

We are now required to record the ethnic origin of all new patients. This information is collected to help the NHS better understand and provide for the needs of patients from different groups. This information will be added to your confidential medical record. If you decide not to give this information please simply tick the 'information refused' box at the end of the list.

White – British

White – Irish

Other White

Mixed – White & Black
Caribbean

Mixed – White & Black
African

Mixed – White &
Asian

Other Mixed
Background

Asian or Asian British –
Indian

Asian or Asian British
– Pakistani

Asian or Asian British –
Bangladeshi

Other Asian Background

Black or British –
Caribbean

Black or British –
African

Other Black Background

Chinese

Other Ethnic
Background

Information Refused

Thank You
July 2019

Date: