

Rosmellyn Surgery New Patient Questionnaire

Please fill in as much information as you can for our records. If you need any help, then please ask for assistance.

Name

Date of Birth.....

Address

.....
.....

Tel number..... Mobile number.....

Have you ever been registered with Rosmellyn Surgery or Morrab Surgery before? Yes/No

Occupation

What is your (a) height? (b) weight.....

Do you have a personal history of any of the following?

Heart disease - Yes/No Stroke - Yes/No Diabetes - Yes/No

High blood pressure - Yes/No Asthma/chronic lung disease -
Yes/No

Is there a family history of any of the above? Yes/No

If yes, who? And which of the above?

.....

Do you smoke? Yes/No

If Yes, how much do you smoke?

Are you an ex-smoker? Yes/No

If yes, how much did you smoke and for how long?

PLEASE TURN OVER

Do you have a drug allergy? Yes/No

If Yes, what are you allergic to?

.....

What happened when you took these drug(s)?

.....

.....

Do you drink alcohol? Yes/No

If yes, how much per week?

Do you have an annual influenza vaccine? Yes/No

Have you ever had a vaccine against pneumonia? Yes/No

Have you had vaccinations prior to travelling abroad? Yes/No

If yes, what have you had and when?

.....

(Please continue on separate sheet of paper if needed)

When was your last tetanus vaccination?

Do you follow a specific diet? Yes/No

If yes, what diet is it?

Do you exercise? Yes/No

If yes, what do you do and how often?

PLEASE TURN OVER

ETHNIC GROUP & FIRST LANGUAGE

We are now required to record your ethnicity and your first language onto your medical record so please underline one of the categories below and state your first language at the bottom of this page.

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian/Asian British – Bangladeshi
- Asian/Asian British – any other Asian background
- Black or Black British – Caribbean
- Black or Black British – African
- Black or Black British – any other Black background
- Chinese
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Mixed – any other mixed background
- White – British
- White - Irish
- White – any other White background
- Any other ethnic group – please enter description.....

FIRST LANGUAGE

.....

Date form completed

.....