

*Meddygfa*



NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE  
(NB all information supplied will be recorded in your confidential medical records)

Surname: .....Forename(s): .....

NHS number (if known):.....

Date of Birth: ..... Marital status: .....

Address: .....

.....Postcode: .....

Home tel: ..... Mobile (if aged 16 and over): .....

Ethnicity: .....

Gender: .....

Preferred language spoken .....

Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare?

\*Yes/No (please delete as appropriate)

We have an electronic method of contact available for patients to contact the surgery for non urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred e-mail address for this purpose?

\*Yes/No (please delete as appropriate)

Email address: .....

Smoking

Do you smoke?

Yes / No

If Yes, how many:

Cigarettes per day .....

Ounces of tobacco per day .....



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Alcohol

For the following questions please answer to the best of your knowledge: We have provided a basic guide to alcohol content below to assist your completion:

- A 750ml bottle of wine contains 10 units
- A standard (175ml) glass of wine contains 2 units
- A single small shot of spirits (25ml) contains 1 unit
- A standard 70cl bottle of spirits contains 28 units
- A pint of 3.6% strength lager/beer/cider contains 2 units
- A pint of 5.2% strength lager/beer/cider contains 3 units

Follow the link below to access more information including a guide to calculating your alcohol intake - [Alcohol units - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Or you can use Alcohol Change’s calculator - [Unit calculator | Alcohol Change UK](#)

How many units of alcohol do you drink a week? .....

Height and Weight

Please tell us your most recent measurements for the following (if known)

Height: .....

Weight: .....

Diet

HEALTHY / POOR / VEGATARIAN / VEGAN

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Please note, we may contact you to offer you support or advice if appropriate based on your submission.

NB: The following information you supply may assist us to provide good care for you whilst we wait for your previous medical records.

Family History

Is there any of the following in your family (father, mother, brother, sister) before the age of 65?

Heart Disease?	Yes / No	which family member? .....
Stroke?	Yes / No	which family member? .....
Cancer?	Yes / No	which family member? .....
Site of cancer?	.....	.....

Women only

Date of last cervical smear.....

Have you had a Hysterectomy YES/NO

If yes, please provide us with the date of your operation .....

Medication

Please give details of any medication which you take (prescribed or otherwise):

Name of drug	Dosage

Please attach or forward us your most recent repeat medication slip if you have one.

Allergies



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Do you have any allergies? Yes/No If

Yes, please give details:

.....  
.....

Past Medical History

Please give details of any treatments/medical conditions:

.....  
.....

Carers

Do you need/have anyone who looks after you or your daily needs as Carer? Yes/No If Yes, would you like them to deal with your health affairs here? Yes/No (A member of reception staff can help with these arrangements)

Do you care for anyone else? Yes/No  
(If Yes, please ask the reception staff about Carers support)

Military Veteran

Have you ever served in the Armed Forces? Yes/No

Communication

Do you have any communication/information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?

.....  
.....  
.....  
.....

Thank you for completing this questionnaire.

