Identification seen: Passport Driving Licence Other (please state)

RUSHBOTTOM LANE SURGERY
CONFIDENTIAL PATIENT HEALTH QUESTIONNAIRE

To help us offer you a high standard of care, we ask all new patients to complete this questionnaire. It is important that you answer all questions as it may be many months before your medical notes arrive from your previous Doctor.	If you need any help, please ask a member of the Reception Staff. This questionnaire is completely confidential (for use only by this Practice).

Do you wish to have access to our online services enabling you to request repeat medications & to book appointments?
YES ☐ NO ☐

PERSONAL DETAILS

Surname:	**Children**	Sex M/F	Date of birth
First Names:	Name:		
Date of Birth: Male ☐/Female ☐	Name:		
Phone Number – Home	Name:		
- Work	Name:		
- Mobile	Name:		
E-mail Address:	**FOR CHILDREN UNDER 16** Who looks after you? Mother ☐/Father☐/Both Parents☐/Carer☐		
Name of Next of Kin: Relationship to you: Phone Number:	Which school do you go to?		
Type of Accommodation: Owner occupier ☐/council rented ☐/private rental ☐ /hostel ☐/temporary ☐	Occupation: Retired ☐/unemployed ☐/ long term sick benefit ☐ /student ☐		
How tall are you?			
How much do you weigh?			

Ethnic Group * What best describes you? (Please tick (√) one box only)

White British				Pakistani or British Pakistani	
White Irish				Bangladeshi or British Bangladeshi	
Any Other white background				Any other Asian background	
Mixed White & Black Caribbean				Black or Black British, Caribbean	
Mixed White and Black African				Black or Black British, African	
Mixed White and Asian				Any other Black background	
Any other mixed background				Chinese	
Indian or British Indian				Any other ethnic group	

What is the first or main language that you speak?

Do you have any information or communication needs? Yes ☐ / No ☐
If yes, please specify……

Do you ever need an interpreter? Yes ☐ / No ☐
Are you a carer? Yes ☐ / No ☐ If yes, please provide details of who you care for……

PERSONAL HEALTH DETAILS

MEDICAL HISTORY

Have you had a Heart Attack/Angina? Yes ☐/No ☐
If Yes, what year?

Have you had High Blood Pressure Yes ☐/No ☐

Have you had a Stroke? Yes ☐/No ☐

Have you had any Psychiatric Illness? Yes ☐/No ☐

Have you had any other Illness, Accident or Operation

Condition / Operation	Date/Year	Hospital

MEDICATION

Please write any medication you are taking or attach you latest repeat slip

Please inform us of the Pharmacy you wish to use

……

ALLERGIES

Are you allergic to any medication? Yes ☐/No ☐
(such as Penicillin or Aspirin)

If yes, please give details

SMOKING

Do you smoke now? Yes ☐/No ☐

If Yes, how many per day and what kind? (Cigarettes, Pipe etc.)

Did you smoke in the past? Yes ☐/No ☐

If yes – how long ago?

ALCOHOL

How often do you have a drink containing alcohol?
Never Monthly Or less 2-4 times a month 2-3 times a week 4 or more times a week

How many units of alcohol do you have on a typical day when you are drinking?
1 or 2 3 or 4 5 or 6 7 or 9 10 or more

How often do you have 6 (female) / 8 (male) or more units on one occasion?
Never Less than Monthly Monthly Weekly Daily or almost daily

How many units do you drink a week?
1 unit=1/2 pint beer, single spirit or small glass wine

FOR WOMEN ONLY

Do you use contraception? Yes/No
If Yes, what kind?

When was your last smear?
What was the result?
Where was it done?
Previous GP ☐ / Hospital Clinic ☐ / Other ☐

FOR WOMEN OVER 50

Have you ever had an X-Ray for Breast Cancer?
Yes ☐/No ☐

YOUR FAMILY'S HEALTH

Has anyone in your family had high blood pressure? Yes ☐/ No ☐	Has anyone in your family had a stroke? Yes ☐/ No ☐
If Yes, please tick Mother ☐ Father ☐ Sister ☐ Brother ☐	If Yes, please tick Mother ☐ Father ☐ Sister ☐ Brother ☐
Has anyone in your family had a heart attack or angina? Yes ☐/No ☐	Have members of your family suffered from any other health problems? Yes ☐/No: ☐
If Yes, please tick Mother: ☐ Father: ☐ Sister: ☐ Brother: ☐	If Yes, please give details:

Was your relative over or under 60 when they had their first symptoms? (Please tick)
Over 60 ☐ Under 60 ☐