

# Elm Surgery

## New Patient Questionnaire for Adults and Children over 5 years.

*Thank you for registering with our surgery. It would be very helpful if you could take a couple of minutes to answer the questions below so that we can quickly get to grips with any health problems that you have.*

### Your details

Title: [eg Mr/ Mrs / Dr]

Forename(s):

Surname:

Address:

*[Marjons students - this will be your campus address]*

Contact telephone number: *(landline and mobile if you have both)*

Occupation:

### Sharing a summary of your medical information with the wider NHS

Are you happy for us to share a summary of your medical record with the wider NHS? **Yes / No.**

*(This will include limited details such as prescribed medication and known allergies)*

*[Please mention this to our receptionist if your answer is No, as we have to ask you to sign an "Opt out" form.]*

### Do you have any of the following medical conditions?

Do you have?	Yes	No
ASTHMA		
DIABETES		
HEART PROBLEMS		
THYROID PROBLEMS		
HIGH BLOOD PRESSURE		
COPD		

- If you have any of these conditions, or other medical problems you think we need to know about, please make an appointment with one of our nurses for a new patient health check and bring a list of your current medication with you.
- If you suffer from mental health problems or have concerns about your mental health, please make an appointment with one of our doctors.

### Smoking

1. Do you currently smoke Yes / No
2. If you smoke, how many cigarettes per day? 0-9 / 10-19 / 20-39 / more than 40 [please circle]
3. If you don't smoke, have you ever smoked? Yes / No  
If yes, how many per day 0-9 / 10-19 / 20-39 / more than 40  
and when did you stop smoking? Approximate Date:

*If you do smoke, we would encourage you to give up: please make an appointment with our Health Care Assistant if you would like help with this*

### Cervical Smear tests – Ladies aged 24-65 years

Please tell us the approximate date of your last smear and the result. Date:

Result:

**Alcohol use**

Please score yourself on the following questions

Questions	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

*A total score of 5 or more might indicate hazardous or harmful drinking*

**Immunisations**

Do you know if and when you have had these immunisations? [MMR = Measles, Mumps & Rubella]

Immunisation	Have you had this?	Date you had this
Tetanus	Yes / No	
Meningitis C	Yes / No	
1 <sup>st</sup> MMR	Yes / No	
2 <sup>nd</sup> MMR	Yes / No	

**Allergies**

Are you allergic to any medicines e.g Penicillin?

Do you have any other allergies?

**Is there anything else that you want us to know?** *(Please put details below)*

*Thank you for your help*