

# MONKS PARK SURGERY NEW PATIENT QUESTIONNAIRE

All patients over the age of 15 must complete the whole form. Parents or guardians of patients under 15 years should complete the questionnaire on their behalf.

<b>1 Date of Registration</b>					We offer a free HIV blood test to all newly registered patients. Please tick the box if you would like to receive one: <input type="checkbox"/>				
Mr	Mrs	Miss	Ms	Dr					
Family name					First name				
<b>2 Address</b>									
Postcode					Date of Birth				
Tel no home					Tel no mobile*				
Email Address *									
<b>3 Ethnic status</b>					African Caribbean Other black background Other White background Other Asian background Other ethnic group (please specify)				
British or Mixed British									
Irish									
Indian or British Indian									
Pakistani or British Pakistani									
British Asian									
Ethnic Group Not Given (patient refused)									
<b>4 First Language:</b>									
English	Albanian	Arabic	Bengali	Bulgarian					
Chinese	Czech	French	German	Hungarian					
Hindi	Italian	Kurdish	Lithuanian	Latvian					
Punjabi	Polish	Persian	Romanian	Russian					
Bosnian	Croatian	Serbian	Slovak	Somali					
Spanish	Swahi	Traveller Irish	Turkish	Urdu					
<b>Other (please specify):</b>					We offer a free HIV blood test to all newly registered patients. Please tick the box if you would like to receive one: <input type="checkbox"/>				
<b>5 Smoking History – How often do you smoke?</b>									
Never smoked					Ex smoker for ..... years				
					..... cigarettes per day				
					..... cigars per day				
<b>6 Next of Kin Contact Details:</b>									
Next of Kin Name:									
Their Address and Phone Number:									
Their relationship to you:									
<b>7 Are you a carer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>									
Name of the person you care for:									
Their address and phone number:									
Their relationship to you:									
<b>8 Height and Weight</b>					cm/feet				
How tall are you?									
What is your weight?					Kg/stones				
<b>9 Details of Smear Tests for Women</b>									
Women only, have you ever had a cervical smear					Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date of last smear			Result						
Would you like to opt out of smear recall this year?					Yes <input type="checkbox"/> No <input type="checkbox"/>				
I will make an appointment for a smear					Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>10 Details of any allergies</b>									
Are you allergic to any medicines/food? Yes <input type="checkbox"/> No <input type="checkbox"/>									
If yes, give details:									

## MONKS PARK SURGERY NEW PATIENT QUESTIONNAIRE

All patients over the age of 15 must complete the whole form. Parents or guardians of patients under 15 years should complete the questionnaire on their behalf.

<b>11 Alcohol questionnaire. Please circle your answer for each of the following questions</b>					
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 standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<i>Score (for staff use only)</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<b>12 How many times do you exercise each week?</b>					
None	Once	Twice	Three Times	More than three times	
<b>13 Do you have a family history of the following diseases:</b>					
<b>Disease</b>	<b>Family Member</b>	<b>Disease</b>	<b>Family Member</b>		
Heart Disease before age 60		Heart disease after the age of 60			
Diabetes		Stroke			
High blood pressure		Asthma			
<b>14 Brief Medical History (please list any illnesses or operations you have had in the past, or are currently suffering from):</b>					
<b>Approximate date</b>			<b>Details</b>		
<b>14 Current Medication</b>					
<b>Name of drug (eg paracetamol)</b>	<b>Size of dose (eg 500mg)</b>		<b>Frequency of dose (eg once, twice daily)</b>		

\* please note: by giving us this contact information you are consenting to us communicating with you via email , mobile phone or text message. To opt out, please speak to our reception team.