

WARGRAVE SURGERY - NEW PATIENT QUESTIONNAIRE

SURNAME	TELEPHONE NO (HOME)
FORENAME	TELEPHONE NO (MOBILE)
ADDRESS	TELEPHONE NO (WORK)
.....	EMAIL ADDRESS
.....	Tick if you do not want to receive text/email communications <input type="checkbox"/>
DATE OF BIRTH	

Welcome to our Practice. As it may be a while before your past records are sent to us, please complete the details below so that we know as much about you as possible. Please add any extra details you think will be helpful.

Height Weight: Do you smoke? Y/N

Have your parents or any aunts, uncles, brothers or sisters (before the age of 65) suffered from

Diabetes	Yes/No	Please state affected relative	<input style="width: 95%;" type="text"/>
A heart attack Angina	Yes/No	Please state affected relative	<input style="width: 95%;" type="text"/>
A stroke	Yes/No	Please state affected relative	<input style="width: 95%;" type="text"/>
Raised blood pressure	Yes/No	Please state affected relative	<input style="width: 95%;" type="text"/>
Breast cancer	Yes/No	Please state affected relative	<input style="width: 95%;" type="text"/>
and at what age			<input style="width: 95%;" type="text"/>

Are you allergic to any drugs, dressings or food ? Yes/No

What regular medication do you take?
(include contraceptive pills or injections and all regular herbal or over the counter remedies)

Do you have any speech or hearing impediment? Yes / No If so, please specify.

What is your occupation? How many children do you have?

Armed Forces: Are you a veteran? Yes/No
 Are you a reservist? Yes/No
 Are you a spouse /partner of a serving personnel? Yes/No

What recreational exercise do you take each week?

Diet: Please describe any special diet you are following?

Are you the carer of a relative / friend / neighbour? Yes/No

Do you have a carer? Yes/No

WOMEN ONLY

Have you had any miscarriages or any other complications of pregnancy? Yes/No If so when?

Have you ever had a cervical smear? Yes/No If so when?

Have you ever had a screening test for breast cancer? Yes/No If so when?