MILLVIEW SURGERY Drs H Field, S Maddock, C C Mann, A Ravi, A Sommers & C Durnin

Confidential Health Questionnaire For All New Patients Aged 16 Or Over

Surname:	Mobile Telephone Number:
Forename/s:	SMS Appointment Reminders Yes ☐ No ☐
Previous Surname/Maiden Name:	Home Telephone No:
Marital Status:	Work Telephone No:
Male ☐ Female ☐ Prefer not to say ☐	Summary Care Record Consent Yes ☐ No ☐
Date of Birth: ……/……/……	E-mail Address:
Address:	E-mail Consent Yes ☐ No ☐
Post Code:	Do you look after someone? Yes ☐ No ☐
Occupation:	If Yes, who :
Country of Birth:	Does someone look after you? Yes ☐ No ☐
Ethnicity:	If Yes, who :
First Language:	

Please list your medical problems and any operations with dates where possible:

Medication :Are you currently taking medication Yes ☐ No ☐If yes, please give details. If these are prescription only medicines, please make an appointment to see a doctor bringing all relevant documentation and information with you. A repeat prescription cannot be issued without first seeing a doctor. Please list your medications below:

Allergies:

Exercise

Which of these best describes the kind of exercise you take?

Impossible ☐ None ☐ Light ☐Moderate ☐Heavy ☐

Do you wish to have new patient health check? ☐

(Please ring the surgery in 7 days to make an appointment)

Do You Smoke?

Smoker ☐

Ex-smoker ☐

Never Smoked ☐

Alcohol Consumption **Please answer the three questions below 1 2 3 by circling your choice**

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

Patient Declaration >>>

I can confirm that the information provided on this form is correct

Signed:……

Date:……/……/……