NEWBOLD VERDON MEDICAL PRACTICE / MARKET BOSWORTH SURGERY

NEW PATIENT QUESTIONNAIRE

Full Name:	
Address:	Previous Address:
Postcode:	Postcode:
Tel No:	Mobile No:
Date of Birth:	Occupation:
Marital Status: Married ☐ Single ☐ Divorced ☐ Separated ☐	
Previous Doctor Name & Address:	
Ethnicity:	Religion:
Do you suffer from, or have had any of the following: Angina ☐ Heart Attack ☐ Diabetes ☐ Asthma ☐ Hypertension ☐ Stroke ☐	
Any other illnesses or operations: (Please give dates where possible)	
Present Drug Treatment: (Please give details)	Allergies:
Family History – please tick if a close relative has had any of the following: Coronary Heart Disease ☐ Heart Attack / Angina under the age of 60 ☐ Asthma ☐ Diabetes ☐ Hypertension ☐ Stroke ☐ Stroke below the age of 60 ☐	

If you ticked any of the above, can you tell us what relation they are / were to you – e.g. mother / uncle:

Any other family conditions we should be aware of:

Alcohol Intake – Average units per week:

Smoking History:

Non Smoker ☐ Previous Smoker ☐ Date Stopped:

Present Smoker ☐ Amount per day:

Would you like advice / help with stopping smoking? Yes ☐ No ☐

Date of last Tetanus Injection: Not Known ☐

Do you care for anyone who is unable to look after themselves at home? Yes ☐ No ☐

If yes, can you tell us who they are: Relative ☐ Friend ☐ Neighbour ☐

Do you have Private Medical Insurance: Yes ☐ No ☐

WOMEN ONLY

Date of last Cervical Smear Test: Normal ☐ Abnormal ☐

Do you use contraception: Yes ☐ No ☐

If "Yes", please specify type:

For Surgery Use Only:

Pt been given New Patient Pack? Yes ☐ No ☐