

New patient Questionnaire

Welcome to The Gadhvi Practice

This questionnaire has been designed to help your new GP get to know you and your medical history. The information you provide will be handled confidentially by your GP but if you are concerned regarding any of the questions please leave them blank. Your GP will be please to clarify any points. Please return the completed the completed forms to the practice as soon as possible or bring them with you when you attend your first visit to the practice, for your new patient health check.

Title (Please circle) Mr/Mrs/Miss/Ms Gender (Please circle) Male /Female/ Transgender

Surname _____ First Name _____

DOB ____/____/____ Email address _____

Address _____

_____ Post code _____

Home telephone _____ Work Telephone _____

Religion _____ Ethnicity _____

What languages do you speak _____ Do you require an Interpreter Yes /No

Next of Kin Details: _____

1. Are you registered disabled? If so, what is the nature of your disability?

2. Do you have any hearing, speech or sight problems?

3. Sexual Orientation (Please circle) Bisexual / Heterosexual / straight / Gay / Lesbian / Other

4. Are you a registered carer or a carer for another person/s? If so please provide details of name and contact number below

5. Do you smoke? If so, how many?

6. Do you drink Alcohol, if so what amount and how often

7. Do you suffer with any of the following? Please circle

Diabetes / High blood pressure / Kidney Disease / Stroke / Epilepsy / Asthma / COPD / Skin disease / Nervous Disorders / Congenital Diseases / Cancer / Heart Disease

Other (Please specify) _____

PLEASE TURN OVER

8. **Summary Care Record – your emergency care summary: Would you like to be part of Summary Care Record containing details of your any medications, allergies and any bad reactions to medications on NHS spine system : YES/NO**

9. **Would you like to have GP online services (you can book appointment, order repeat prescriptions and even access your GP records online.) Yes/No**

10. **The Gadhvi Practice uses a text messages services to notify you of appointment to do this we need a current mobile number of your choice. Would you like be part of the services. Yes/No**