

NEW PATIENT MEDICAL QUESTIONNAIRE

Mr/Mrs/Miss/Ms Name : _____ D.O.B : _____

Address : _____ Tel. No. : _____

Past/Present Medical History :

Heart Disease	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Other	<input type="checkbox"/>

_____ Please specify

Please indicate if you would like to attend for a new patient appointment if you have no past/present medical history as listed above Y / N

Family History :

Is there any of the following in your family...

		Which family member?	Before the age of 65?
Heart Disease	Y/N	_____	Y/N
Diabetes	Y/N	_____	Y/N
Hypertension	Y/N	_____	Y/N
Stroke	Y/N	_____	Y/N

Please contact your current GP Practice and request a brief patient summary to be emailed to dg.kbtclin@nhs.scot DATE REQUESTED:
FAILURE TO DO THIS MAY RESULT IN DELAY OF MEDICATION

Please give details of current medication : _____

Drug Reactions or Allergies : _____

Next of Kin : _____ Tel : _____

Smoking History :

Never smoked tobacco	<input type="checkbox"/>	
Ex. smoker	<input type="checkbox"/>	Approx. year stopped : _____
Current Smoker	<input type="checkbox"/>	

Occupation -----

Details of previous residence outside UK _____

Do you need an interpreter or sign language support? Yes No
If you do need an interpreter what language do you speak?

Please state

What is your ethnic group?

Choose **ONE**

A White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Gypsy/Traveller

European Origin (please state).....

African Origin (please state).....

Asian Origin (please state).....

Other ethnic group (please state).....

If you do not wish to give this information, please tick here

ARE YOU A CARER? Y / N if you are a carer, who do you care for?

DO YOU HAVE A CARER? Y / N if you do, who cares for you?

If you do not wish to give this information, tick here

For office use

- Registration document completed in full
- Registration document signed
- New patient appointment made date.....
- Name added to New Patient Register
- Sample bottle given
- New patient booklet given
- Advise pharmacist of medications
- New Patient template completed
- Patient Summary requested from previous practice