NEW PATIENT MEDICAL QUESTIONNAIRE

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

Address: _____ **Tel. No. :** _____

_____

Past/Present Medical History:

Heart Disease	☐	Hypertension	☐
Diabetes	☐	Stroke	☐
Asthma	☐	Other	☐

_____ 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	☐	
Ex. smoker	☐	Approx. year stopped: _____
Current Smoker	☐	
User of an electronic Cigarette	☐	
Ex user of an electronic cigarette	☐	

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**

Have you ever served in any of the Military Forces and/or National Service Y / N

Please provide your service number ……..

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 & Signed	☐	
New Patient template completed on Emis	☐	
New patient appointment made if requested	☐	date……..
Name added to New Patient Register on Excel	☐	
Advise pharmacist of medications	☐	
Patient Summary requested from previous practice	☐	