

**New Patient Health Questionnaire**

In order for us to be able to contact you in the future, please help us keep our records up to date by completing the form below:	
Mr/Mrs/Miss/Ms (delete as appropriate)	
Full Name:	Date of birth: Town/Place of birth:
Address: .....	
.....Post Code.....	
Contact Telephone Numbers:  Home: ..... Mobile: ..... Work: .....	
Do you give consent for the surgery to leave a message on your mobile/home numbers if no reply?	Yes/No
Do you give consent for the surgery to send text reminders for appointments and also other occasional text messages?	Yes/No

Do you have a key safe:  Y/N  What is the code?  Location

Do you have a Power of Attorney?	Yes/No
Who are your appointed Attorneys? ..... .....	

Details of Next of Kin/Carer and/or family member/friend whose contact details we can include in your medical record in case of an urgent medical problem.	
Name:	Relationship:
Contact Details:	Tel: Mob:
Name:	Relationship:
Contact Details:	Tel: Mob:

**CARERS**

Do you have a carer?	Yes/No
Do you have anyone who looks after you or your daily needs?	Yes/No
Is this through an agency?	Yes/No
Name of agency:	
Contact Details:	
Or do you have informal help through family and friends?	Yes/No
Please record details here if not already completed on the other side	
Name of relative or friend:	
.....	
Contact Details:	
.....	
Would you like them to deal with your health affairs here and give consent for them to speak to the Practice?	Yes/No

**ARE YOU A CARER?**

Do you care informally for anyone else?	Yes/No
If 'YES', please ask Reception about Carers Support information.	

Do you smoke:	Yes/No
<ul style="list-style-type: none"> <li>How many cigarettes/cigars do you smoke per day?</li> </ul>	.....
<ul style="list-style-type: none"> <li>Roll ups/pipe (ounces/week)</li> </ul>	.....
<ul style="list-style-type: none"> <li>Have you previously smoked?</li> </ul>	Yes/No
If the answer to the above question is YES, when did you cease smoking?	.....
If you are a current smoker, are you trying to give up?	Yes/No

**NHS Cambridgeshire ‘Camquit’ Stop Smoking Service can offer information and advice, counselling and Nicotine Replacement Therapy on prescription for anyone wishing to give up smoking.**

**Please contact the surgery on 01353 663434 (use option 1) to arrange an appointment, or for telephone advice please ring 0800 018 4304.**

<b><u>ALCOHOL</u></b>	
How many units of alcohol do you drink in a week:	.....
<b><u>ALLERGIES</u></b>	
Are you allergic to any substances or foods? If ‘YES’, please give details below:	Yes/No
<b><u>REPEAT MEDICATION</u></b>	
Please attach a copy of any current medications.	
<b><u>ELECTRONIC PRESCRIPTION SERVICE</u></b>	
If we do not dispense your medication, and you would like to collect it from a local pharmacy, please let the pharmacy know that you would like to nominate them. This allows us to send your prescription electronically to the pharmacy of your choice.	
Please note, if you nominated a pharmacy when you were registered at another surgery that nomination will stay in place until you make a new nomination.	

**VACCINATIONS**

**Flu vaccinations** - Clinics are held annually during October/November. If you are 65+ or in an at risk group please contact reception mid-September to book your appointment as we no longer send out reminder letters.

**Pneumococcal vaccination** - you are entitled to this if you are 65+ (usually only 1 vaccination in a lifetime) - If you have not had this please contact reception who will arrange an appointment for you.

## **Ethnic Origin**

We have been requested to collect information regarding the ethnic origin of all the patients that we register.

Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care. Please indicate your ethnic origin by ticking one of the categories shown below. If, however, you do not wish to divulge this, please select category 'F'.

**A White**

- British
- Irish
- Any other White background (*please give details*)

**B Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (*please give details*)

**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (*please give details*)

**D Black or Black British**

- Caribbean
- African
- Any other Black background (*please give details*)

**E Chinese or other ethnic group**

- Chinese
- Any other (*please give details*)

**F Not stated**

- Not stated

## **First Spoken Language**

Please indicate your first language spoken: .....

Do you need the help of an interpreter in a medical condition? Yes / No

**Thank you for your time in completing this questionnaire.**