

meadowbridge

S U R G E R Y

NEW PATIENT QUESTIONNAIRE

Surname Maiden Name Forename
Date of Birth Place of Birth Occupation
Present Address Prev Address School (if applicable)
.....
Tel/Mobile No's Previous GP/Address
Ethnic Origin Decline to State ☐

Allergies

Medical History: All past/current serious illnesses, medical problems and operations:

Are you an outpatient at a hospital/ on a hospital waiting list. Please give details:

Family (ie father, mother, brothers or sisters) **Medical History** of: Heart Disease ☐ Diabetes ☐
High Blood Pressure/Stroke ☐ Asthma ☐ Any other

Medication Currently taking:

Are you allergic to any medication?:

Vaccination – Current Record	1st Immun Date	2nd Immun. Date	3rd Immun. Date
Diphtheria, Tetanus, Pertussis, Polio			
Pneumococcal			
Meningitis C			
Hib			
MMR (1 st & 2 nd)			
Pre-School Booster			
BCG			
Tetanus			
Boosters –Travel ect (additional sheet for info if req)			

Additional Information

Smoker Yes/No - How many per day? Height Weight BP Urinalysis
Alcohol Yes/No - How much per day? Exercise Taken
Any Special Diet followed

Carer Details

Are you a carer? **Yes/No**

If yes, please give details of who you care for
Name
Relationship
Contact Tel No

Do you have a carer? **Yes/No**

If yes, please give details of who your carer is
Name
Relationship
Contact Tel No

Women only

Date and result of last smear Recall Due Date
Date and result of last mammogram Recall Due Date
Contraception

During your new patient examination we will measure your height, weight and BP, and a urine specimen will be tested. Please make an appointment with the HCA for this examination and bring your urine specimen with you when you come to the surgery.

Organ Donation - If you are interested please ask for a consent form at Reception or at your New Patient Apt.

NEW PATIENT APPOINTMENT DATE:

SEEN BY: