Ethnic Origin: (please tick***)

White - British
White - Irish
Other (please specify)

White & Black Caribbean
White & Black African
White & Asian
Other Mixed Background

Not Stated or Refused

Indian or British Indian
Pakistani or British Pakistani
Bangladeshi or British Bangladeshi
Other Asian background

Caribbean
African
Other Black Backgrounds
Chinese

Other Ethnic Group

*** Why are we collecting information about your ethnic group? We are collecting this information to help the NHS and social services to—

- Understand the needs of patients from different groups and so provide better and more appropriate services for you.
- Identify risk factors—some groups are more at risk of specific diseases.
- Improve public health by making sure that we are delivering our services fairly to everyone who needs them.
- Comply with the law as the Race Relations Act 2000 gives public authorities a duty to promote race equality.
- The 16 ethnic groups are standard categories for collecting ethnic group information.

I give consent for my Doctor to send referrals electronically and traditionally to hospitals, other GP's or medical professionals.

Signed _____ Date _____

I declare that, to the best of my knowledge, this information is correct.

Signed _____ Date _____

Thank you for taking the time to fill out this form.

Old Mill & Millgates Medical Practice

New Patient Questionnaire

Personal Details:

First Name _____ Surname _____

D.O.B _____

Contact Details:

Home Number _____

Work _____

Mobile _____

Email Address _____

It is now possible for us to send you test messages and emails for appointment reminders or if we have a message regarding results etc.

Do you give permission for the Surgery to contact you via text messaging/email ? Yes No

Next of Kin:

In case of an emergency, we would appreciate if patients can provide details of a next of kin. **Please be aware that this does not act as permission to disclose any medical details to that person.**

Name _____

Address _____

_____

Next of Kin Relationship _____

Contact Number _____

Medical History:

Have you or any of your family ever suffered from the following?		
	You	Family (Relationship)
Asthma		
High Blood Pressure		
Diabetes		
Heart Attack		
Stroke		
High Cholesterol		
Breast Cancer		

Have you had any operations? Please give details:

_____

_____

_____

Other Details:

Are you registered disabled? Yes No

Are you a carer? Yes No

Are you cared for by someone else? Yes No

Medication:

Are you taking any medication? If yes, please list below.

_____

_____

_____

Are you allergic to anything? If so please name.

_____

_____

Please be aware that if you are on any repeat medication you will need to see a GP for that to be authorised on our system. We are unable to issue any medication until you have seem someone. If there is any chance that you can drop off a copy of your repeat script with these registration forms it would be most helpful.

Alcohol & Smoking:

Questions	**Scoring system**					**Your score**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Do you currently smoke? Yes No

Are you an ex-smoker? Yes No

If you smoke but would like to give up,
tick this box and we will supply you with the
contact details of someone who can support you.

Female Patients Only:

Have you ever had a cervical smear? Yes No

When? _____ What was the result? _____

New Patient Health Check:

As a new patient you are entitled to have a health check with one of our Nurses.

If you are aged between 40-70 you are also entitled to a CVD check. This check-up includes a fasting blood test, a urine sample and a half an hour follow up with our Health Care Assistant.

If you are interested in having an appointment please speak to the Reception Team.