**New Patient Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Name** | Surname | First Names (s) |
| **Address****Telephone No** |  |
| **Date of Birth** |  |
| **Communication** | Interpreter required? YES/NO | Language spoken |
| Deaf | Blind | Learning Disabled |
| **Allergies** |  |
| **Weight** |  |
| **Height** |  |
| **Do you Smoke** | Current (how many) | Never smoked | Ex Smoker |
| **Alcohol** | How many units |
| **Contraceptive method** | Please advise |
| **Please list any current medication taken** |  |
| **Family History** | Do you or your family have any of the following conditions |
|  | YOU | FAMILY |
| Heart Disease |  |  |
| Epilepsy |  |  |
| Asthma |  |  |
| Diabetes |  |  |
| Blood Pressure |  |  |
| Cancer (if yes please give details) |  |  |
| Mental Illness (if yes please give details) |  |  |

|  |  |
| --- | --- |
| **\*FIRST LANGUAGE SPOKEN\* (please indicate)** |  |

Please tick your appropriate ethnic group

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **White** | **B** | **Mixed** |
| 01 | British | 05 | White & Black Caribbean |
| 02 | Irish | 06 | White & Black African |
| 03 | Any other white background | 07 | White & Asian |
|  |  | 08 | Any other mixed background |
| **C** | **Asian or Asian Black** | **D** | **Black or Black British** |
| 09 | Indian | 13 | Caribbean |
| 10 | Pakistani | 14 | African |
| 11 | Bangladeshi | 15 | Any other Black Background |
| 12 | Any other Asian Background |  |  |
| **E** | **Other Ethnic Groups** |  | If your ethnic group is not stated please state below |
| 16 | Chinese |  |
| 17 | Any other |  |

Crossfell Health Centre would like to advise you that **smoking** is the greatest single cause of illness and premature death in the UK. If you would like to **QUIT** please make an appointment with our Practice Nurses.