

New Patient Questionnaire

Welcome to the GP Practice. You will find some information in our new patient packs and on our website (www.westburysurgery.co.uk). Your medical records will be sent on by your last GP but we also need some important health information from you. Please help us by taking a few moments to complete this questionnaire.

Contact details

Name:		
Date of birth:		
Home Address:		
Post code:		
Phone number (Home):	Phone number (Mobile):	Email Address:
Notification Preferences: Can we contact you via Email/SMS with appointment reminders, test results, etc.	Email <input type="checkbox"/> SMS (Text) <input type="checkbox"/> No Preference <input type="checkbox"/> I do NOT wish to be contacted via Email/SMS <input type="checkbox"/>	
Would you like to register for Online Access? This will enable you to make appointments and order repeat prescriptions online.	Yes <input type="checkbox"/> No <input type="checkbox"/> *If yes, please make sure you have provided an email address in the space above.	

Current Medication (If you have repeat medication on prescription you will need to book a routine appointment with a GP and bring your current medication with you before you run out.)

Drug name	Dosage

Drug Allergies

Drug Name	Details

Our surgery sends prescriptions electronically to a pharmacy of your choice. This makes the transfer of your prescriptions and personal information more efficient and secure. We require you to choose a pharmacy you wish to use regularly.

Nominated Pharmacy _____

Medical history (significant things you would like to tell us about)

Illnesses or operations	Year

Family history (in a parent, brother, sister or child)

Diagnosis	Relation To You?	Age When Diagnosed?
Angina/heart attack		
Stroke		
Diabetes		

Lifestyle and social factors

Height:		Weight:		
Smoking Status:				
Current smoker	<input type="checkbox"/>	Amount per Week :..... Number of years you have been smoking?.....		
Ex-Smoker	<input type="checkbox"/>	Date Stopped:.....		
E-Cigarette	<input type="checkbox"/>			
Never Smoked	<input type="checkbox"/>			
Alcohol consumption	Units per week:			
How often do you Exercise? (please circle)	Inactive	Once a week	2 times per week	3+ times per week
Are you pregnant?	YES / NO Baby due:			
Do you care for someone?	YES / NO If yes please tell us who you care for: Carers are offered a flu jab annually and may wish to have an annual health check.			
Are you housebound?	YES / NO			

Practice Staff to complete this section.

Receptionist Name:

Date Registration Accepted:

What ID Has Been Seen?