

NEW PATIENT QUESTIONNAIRE FOR OVER 16's

Name Date of Birth

Marital Status

Married
Divorced
Seperated

Single
Widowed

Occupation

Do you give Consent for your data to be shared with Emergency Care: YES / NO

Next of Kin (pls give details address, contact no, relationship):
.....

Is Power of Attorney in Place: YES / NO

If yes, please give details:
.....

If there a Guardianship order in place: YES / NO

If yese, please give details:
.....

Do you have an adults with Incapacity Certificate: YES / NO

If Yes, date completed and how long in place for

Are you a Carer? ☐ Main carer for someone else? ☐ Who for?

IF YOU ARE A WOMAN

Have you had any Miscarriages: YES/NO

Stillbirths: YES/NO

Livebirths:

Are you using any form of contraception at present: YES/NO

If YES - what method? Pill Coil Cap Condom Sterilised
Depoprovera Injection Implants

When was your last check up?

Have you had a cervical smear? YES/NO If YES, when?

Have you had a mammogram? (age 50 onwards) YES/NO

Have you had a Rubella immunisation? YES/NO

Medical History

Previous Serious Illnesses

Operations and dates

.....

.....

.....

ADDITIONAL INFORMATION REQUIRED - PLEASE SEE OVERLEAF

Present regular medication (please list name, strength and how often taken)

Name	Strength	How often taken
.....
.....
.....

Please continue onto a separate sheet if required

Drug Allergies

.....

.....

Family History

Is there anyone in your family who has had (if so at what age)

Heart disease < 60yrs old ☐ Please give details

Stroke ☐ Please give details

Cancer ☐ Please give details

Diabetes ☐ Please give details

Asthma ☐ Please give details

Smoking Habits

Smoker ☐ Number of cigarettes/cigars per day

Non-Smoker ☐

Ex-Smoker ☐ Date Stopped Number of cigarettes/cigars per day

Alcohol Intake

Please estimate your alcohol intake per week (1 unit = half pint beer or 1 glass wine or 1 measure spirit)

Number of units per week

How many times per week do you exercise for 20 minutes or more?

Current Height Current Weight

Date form completed