**DRS HINTON, MOORE & WARD**

It would be very helpful to your doctor if you could complete this form before you are seen. Parents / Guardians can complete the form for patients aged 5 – 16 years. Under 5s do not require a form to be completed.
Please do not worry if you cannot answer all the questions.

***** Please list ALL telephone / email details you are happy for us to contact you on *****

| **Title:** | **Surname:** | **Maiden Name:** |
|---|---|---|
| **Date of Birth:** | **Forenames:** | **Are you happy for us to contact you via text message?** YES / NO<br>Please note: if you fail to reply, we are unable to text you with appointment reminders |
| **Address:**<br><br>**Post Code:** | | **Home Tel:**<br><br>**Mobile:**<br><br>**Other:**<br><br>**Email:** |

**Medical Information:**

**Q1** Do you have any of the following conditions? YES / NO (please tick all that apply):

| | | | |
|---|---|---|---|
| Asthma | Angina / Stent / MI | COPD | Diabetes |
| Hypertension | Kidney Disease | Stroke / TIA | |

If you have answered YES, you will be called for an annual review of this condition

If NO, please go to Question 2

**Q2** Have you had a NHS Health Check within the last **5 years**? (these are given to 40 -74 year olds only)
YES / NO / DONT KNOW

If you are aged between 40 – 74 years and are eligible for a NHS Health Check, would you like this check with one of our nurses? YES / NO

**Q3** If you are aged 40 years or younger and have answered no to Q1 and Q2, would you like a New Patient Health Check with one of our nurses? YES / NO

**Q4** Do you have any Allergies? YES / NO
Please give details

**Q5** Are you taking any medication? YES / NO
If yes please attach a repeat prescription list to this form (This will be available from your previous surgery)
If you do not have a repeat list, please attach a handwritten one – Please include name & strength of medication, how often you take and why you were prescribed it (if known)

**Q6 Smoking Status**
Are you:
A smoker YES / NO Cigarettes / Cigars / Pipe How many per day?
Ex – Smoker YES / NO Approximate date of stopping:
Never Smoked YES / NO

**Q7 Alcohol Consumption** (1 unit = 1 measure of spirits, 1 small glass of wine or ½ pint beer)
(please tick all that apply)

| | | | | | |
|---|---|---|---|---|---|
| **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 | 7-8 | 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 |

**Q8 Exercise**
Average amount per week (including brisk walks):

**Miles / km** or **Hours / Minutes** (delete as appropriate)

**Q9 Diet**
Do you eat:
Wholemeal Bread / White Bread / Both
5 portions of fruit or vegetables per day YES / NO

**Q10 Medical History:** Please give details of the following:

| | |
|---|---|
| Any serious illnesses | |

| | |
|---|---|
| | |
| Any operations | |
| Any current medical problems | |
| Any serious diseases affecting your family | |

| | |
|---|---|
| **Q11** Have you had your spleen removed (Splenectomy)? | YES / NO |

**Q12** Has your mother, father, sister or brother suffered from any of the following before the age of 65?

| | | | | | |
|---|---|---|---|---|---|
| Heart Attack | Y / N | Stroke | Y / N | High Blood Pressure | Y / N |
| Asthma | Y / N | Glaucoma | Y / N | TB | Y / N |
| Cancer | Y / N | Diabetes | Y / N | | |

**Q13** Have you had the following immunisations in the past 10 years?

Tetanus Y / N Date:
Polio Y / N Date:
Please list any other immunisations below (with dates if possible):

**Q14 Women Only**
When did you last have a breast scan? Date: / Never

When did you last have a cervical smear? Date: / Never

Was it carried out at your previous GP Surgery? Y / N

**Other Information**
**Q15** Marital Status: Single / Married / Widowed / Separated / Divorced / Other

**Q16** Nationality / Ethnic Origin:

**Q17** If you have moved here from abroad please provide the following information:

Date you first entered the UK: From (country):

**Q18** Your First Language: Do you need an interpreter: YES / NO

**Q19** Name of Next of Kin: Their relationship to you:

Their contact details:

Are you happy for us to discuss your record with them? YES / NO

**Q20**
Housing Details: House / Maisonette / Flat / Mobile Home / Other
Who lives with you?

**Q21 CARERS**
**If you are a carer**, please give the name of the person you care for: _____

Relationship to you: _____Would you like a referral you to the local Carers Association? YES / NO
(If YES someone from the surgery will contact you beforehand)

**If you are cared for**, please give name of your carer: _____Relationship:_____

**Q22** Are you a military veteran? YES/NO

**Q23** Have you or your family been allocated a Social Worker at any time? YES / NO

Have you or your family accessed support from the Early Help Hub? YES / NO