

NEW PATIENT QUESTIONNAIRE

FEMALE (Over 65 years old)

Private & Confidential

Surname: Forenames:

Occupation: Marital Status:

Date of Birth: Spouses Occupation:

Address:

Post Code Ethnic Origin.....

Tel No (home):

Tel No (work).....

E-mail: Tel No (mobile):

Would you like to join our Patient Reference Group where we will contact you periodically by email for your opinion about patient services here or in the local NHS: YES / NO

Name of contact in case of emergencies:.....

Their relationship to you Tel No:.....

If you are a carer, whom do you care for?

If you need care, please give the name(s) and contact details of your carer(s)

..... Tel No:

Do you have any special communication needs? YES / NO

If yes, are you happy for us to share this with other healthcare providers? YES / NO

Personal Medical History

Do you have or have ever had any of the following illnesses? (Please circle any that apply)

- Asthma Chronic bronchitis Epilepsy High blood pressure Diabetes**
Cancer Heart attack / angina Stroke / TIA Thyroid disease Mental illness

Please enter details of these and any other significant chronic illnesses, operations or disabilities:

Year	Details	Year	Details

Do you Smoke? (Please circle the answer that applies to you) **NEVER EX-SMOKER STILL SMOKING**

We offer smoke cessation advice and treatment. Do you want help to stop smoking? **YES NO**

Do you drink alcohol? **NO OCCASIONALLY YES – how many units a week?**

Do you take regular exercise? **NO Little About 30 minutes five times a week More than this**

Diet Please describe your usual diet (e.g. low fat, balanced, diabetic, vegetarian etc)

Please make a new patient appointment with one of the nurses.

Bring a urine sample with you

Well Woman Health Promotion

Have you ever been pregnant? **YES / NO** If **yes**, how many times?

Have you had a hysterectomy? **YES / NO** If **yes**, when?

Have you ever had a breast x-ray/mammogram? **YES / NO** Was it normal? **YES / NO**

*Women aged between 50 and 70 will be invited for **Mammography** screening every three years.*

If you would like a mammogram, but are outside this age group, this can be arranged by contacting the surgery.

Drugs & Medicines (If you are taking any medicines or have an ongoing condition please make an appointment with the doctor after your nurse appointment)

Are you taking any drugs, medicines or tablets? **YES / NO** If **yes**: (Add last prescription order)

Name of the medicine	Dose	Reason for taking

Allergies Are you allergic to any tablets or substances **NO YES** If **Yes**, please give details

Substance you are allergic to	Nature of the reaction (e.g. rash, collapse, swelling etc)

Vaccinations We recommend keeping up to date with **polio** (every 10 years) and **tetanus** (a total of five jabs per lifetime with a booster after a 'dirty' wound).

We run an **influenza** vaccination programme every September/October for all patients aged over 65. We recommend that you have this annual vaccination.

If you are over 65 we recommend a one off vaccination against **Pneumococcal pneumonia (Pneumovac)**.

Have you had a Pneumovac already? YES / NO

Family History Please indicate if any relatives have suffered from any of the following conditions

Cancer	NO	YES	Who & details	
Diabetes	NO	YES	Who & details	
Asthma	NO	YES	Who & details	
Heart Disease	NO	YES	Who & details	
Stroke	NO	YES	Who & details	
Other significant disease				

Signature: Date: