**DUNDRUM AND CLOUGH SURGERY**

**NEW PATIENT QUESTIONNAIRE**

***PLEASE COMPLETE THIS FORM AND BRING IT WITH YOUR REGISTRATION DOCUMENTS.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SURNAME** | | | **TITLE MR/MRS/MISS/MS (Please circle)** | | |
| **FORENAME(S)** | | | **PREVIOUS NAME** | | |
| **ADDRESS**  **POSTCODE** | | | **PREVIOUS ADDRESS(ES)** | | |
| **PHONE NO (HOME)** | | | **DATE OF BIRTH** | **PLACE OF BIRTH** | |
| **PHONE NO (WORK)** | | |
| **MOBILE NO** | | | **PRESENT OCCUPATION** | | |
| **EMAIL ADDRESS** | | |
| **NEXT OF KIN** | | **NUMBER OF DEPENDENTS** | **ETHNIC ORIGIN** | | **MARITAL STATUS** |
| **NAME & ADDRESS OF PREVIOUS GP** | | | **REASON FOR CHANGING GP** | | |
| **LIST ANY SERIOUS ILLNESSES, OPERATIONS, ACCIDENTS**  **1.** | | | **LIST ANY MEDICATIONS, INJECTIONS, TABLETS WHICH YOU ARE ON** | | |
| **2.** | | |  | | |
| **3.** | | |  | | |
| **4.** | | |  | | |
| **5.** | | | **HAVE YOU ANY ALLERGIES? (Please circle)**  **YES NO** | | |
| **SOCIAL WORK INVOLVEMENT? (Please circle)**  **YES NO**  **IF YES, PLEASE GIVE DETAILS** | | | **ATTENDING HOSPITAL /OTHER HEALTH PROFESSIONAL? YES NO**  **IF YES, PLEASE GIVE DETAILS** | | |
| **DO YOU DRINK ALCOHOL? (Please circle)**  **YES NO**  **HOW MANY UNITS PER WEEK?** | | | **WHAT IS YOUR HEIGHT?** | | **WHAT IS YOUR WEIGHT?** |  |
| ***FOR WOMEN*** | | |
| **ARE YOU:- (Please tick box)** | | | **NUMBER OF CHILDREN GIVEN BIRTH TO** | | **NUMBER OF MISCARRIAGES** |
|  | **A SMOKER IF YES, NUMBER PER DAY?** | |
|  | **NON-SMOKER** | | **DO YOU USE A METHOD OF CONTRACEPTION?** | | |
|  | **EX-SMOKER** | |
| **ARE YOU A CARER? (Please circle)**  **YES NO**  **IF YES, PLEASE GIVE DETAILS** | | | **DATE OF MOST RECENT**   * **CERVICAL SMEAR** * **BREAST SCAN/MAMMOGRAM** | | |
| **SIGNED: DATE:** | | | | | |

***FOR GP USE***

**PAST MEDICAL HISTORY:**

**FAMILY HISTORY**:

Heart Disease Diabetes

Stroke Asthma

Cancer Others

**MEDICATION: ALLERGIES:**

B/P Reading:

Urinalysis:

Physical Examination:

Advice given:

Medical Card submitted: *(Please circle)* YES NO

Form HS200 submitted: *(Please circle)* YES NO

Date: