

SALTDEAN & ROTTINGDEAN MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE

Please return completed questionnaire to the surgery, with proof of address (utility bill/bank statement) & photo ID

(MR/MRS/MISS/MS/OTHER.....) SURNAME.....

PREVIOUS SURNAME.....FORENAME/S.....

ADDRESS.....

..... POSTCODE.....

DATE OF BIRTH.....OCCUPATION.....

ETHNICITYWHAT IS YOUR FIRST LANGUAGE?.....

DO YOU SPEAK ENGLISH? YES / NO IF NO DO YOU NEED A TRANSLATOR? YES / NO

TEL NO: HOME.....MOBILE NO:

PLEASE CIRCLE PREFERRED CONTACT NUMBER Home or Mobile

ARE YOU HAPPY FOR US TO LEAVE A MESSAGE? (YES / NO) (HOME / MOBILE /BOTH)

ARE YOU HAPPY TO RECEIVE SMS TEXT MESSAGES FROM THE SURGERY? YES / NO

E-MAIL ADDRESS

WOULD YOU LIKE TO REGISTER FOR ON-LINE SERVICES YES / NO

HAVE YOU READ THE SUMMARY CARE RECORDS INFORMATION ? YES / NO

(COPY AVAILABLE AT RECEPTION)

ARE YOU HAPPY YOUR SUMMARY CARE RECORD TO GO ON THE SPINE ? YES / NO

Please nominate the pharmacy you would like you prescription to be sent to electronically

Pharmacy name, address & postcode).....

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NEXT OF KIN :-

Name.....Relationship.....

Address.....Postcode.....

Contact telephone number.....

SALTDEAN & ROTTINGDEAN MEDICAL PRACTICE

HEIGHTft.....ins..... / metres.....

WEIGHTst.....lbs /kg

EX SMOKER NEVER E-CIGARETTES SMOKER If you smoke, how many cigarettes per day?.....

Do you drink alcohol? YES / NO If yes how many units per week?.....

(1 unit =a glass of wine **or** half a pint of beer/lager **or** a pub measure of spirits)

YOUR PAST MEDICAL HISTORY – ie diabetes/asthma etc

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DO YOU HAVE ANY ALLERGIES TO ANY DRUGS or SUBSTANCES? YES / NO

If yes please give details.....

DRUGS and MEDICINES

Are you taking any regular medication? If so please detail the names & dosages:-

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.....
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Are you a paid carer for someone? Yes / no

Are you an unpaid carer for someone? Yes / No

Do you have a carer? Yes / no

If yes

Name of Carer or Agency.....Contact details of Carer or Agency.....

FOR PRACTICE USE ONLY:-

PHOTOGRAPHIC ID Passport Driving Licence Other

PROOF OF ADDRESS – dated in the past three months, ie:

Utility Bill Bank letter/statement Mortgage/Tenancy agreement Mobile Phone Bill Other

SEEN BY (Staff initials)

Reviewed October 2024