Riverside Surgery – New Patient Questionnaire

Please fill in a form for each member of your family

Date form filled:

Surname: **Forenames:**

Date of birth: **Male** ☐ **Female** ☐

Address: **Post code:**

Email: **Tel No:** **mobile no:**

I am happy to receive text messages from the surgery **Yes/No**

Ethnic origin: White ☐ Black Caribbean ☐ Black African ☐ Indian ☐

Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other ☐

Main spoken language: English ☐ Urdu ☐ Other: please specify

Do you smoke Yes ☐ No ☐ **How many:** ______

Have you ever smoked regularly Yes ☐ No ☐

Do you drink alcohol Yes ☐ No ☐ **How many units per week** ☐

(1 unit = half a pint of beer, 1 glass of wine or 1 measure if spirits)

Exercise None ☐ Gentle ☐ Moderate ☐ Vigorous ☐

Height _________ **Weight** ________

Have you suffered with:

Heart attack	Yes	☐	No	☐
Angina	Yes	☐	No	☐
High blood pressure	Yes	☐	No	☐
Diabetes	Yes	☐	No	☐
Asthma	Yes	☐	No	☐
Stroke or TIA	Yes	☐	No	☐

Any other serious illness – please specify:

NB: if you have answered yes to any of these questions you will need to book a routine appointment with a GP

Has any close relative (parents or brothers/sisters) suffered at an early age (under 60) with:

Heart attack	Yes	☐	No	☐
Angina	Yes	☐	No	☐
High blood pressure	Yes	☐	No	☐
Diabetes	Yes	☐	No	☐
Stroke or TIA	Yes	☐	No	☐

Any other serious illness – please specify:

Please turn over

Do you take any tablets or medicine regularly, including Aspirin and the contraceptive pill. If yes, please list: ***Please make an appointment with a doctor for your first prescription from us***	**Do you have any allergies to medication. If yes, please list:**

Do you look after an elderly or sick relative or friend Yes ☐ No ☐

If yes, would you like to be put in touch with the Bucks Carers Centre who can offer practical help and support Yes ☐ No ☐

Female patients between the ages of 16 & 50:
Are you immune to German Measles (Rubella)

Yes ☐ No ☐ Don't know ☐

Young patients between the ages of 5 & 16:

Name of School:

Children of all ages – please list all significant past medical history. Please be as specific as you can, particularly if your child suffers recurrent headaches. There is no need to list minor illness eg. coughs and colds:

*****VERY IMPORTANT*****
The NHS is introducing the Summary Care Record which will be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.
You have a choice but UNLESS you fill out an opt-out form it will be assumed that you are happy to have this record created.
Please ask the receptionist for an opt-out form if you require one and then hand your completed form back to us.

If you would like a health check that includes lifestyle information, please make an appointment with our Health Care Assistant.

How did you hear about Riverside Surgery?...