

# NEW PATIENT INFORMATION

SURNAME ..... FORENAME .....

ADDRESS .....

TEL NO ..... POSTCODE .....

MARITAL STATUS ..... DATE OF BIRTH .....

ETHNIC ORIGIN .....

**LANGUAGE SPOKEN.....TRANSLATOR REQUIRED (YES/NO)**

PREVIOUS GP .....

DO YOU HAVE A CARER/ ARE YOU A CARER .....

## GENERAL HISTORY

Do you suffer from:

Diabetes	Yes/No	Stroke	Yes/No
Heart Disease	Yes/No	TIA	Yes/No
Hypertension	Yes/No		

Please list any other illnesses that you have: .....

Please list any allergies you have: .....

Are you on any medication prescribed or non prescribed? (If yes please list).....

## PERSONAL DETAILS

Do you smoke (if yes how much per day) .....

How much alcohol do you consume per week? (1 unit=1/2 pint beer, 1 glass wine or 1 measure of spirit)

How much exercise do you take in an average week: nil ( ) little ( ) moderate ( ) lot ( )

Height ..... Weight ..... Last Tetanus.....

## FAMILY HISTORY

Which of your blood relatives have suffered from the following (i.e. diabetes – mother)

Heart Disease ..... Cancer .....

Diabetes ..... High Blood Pressure .....

Stroke ..... Epilepsy .....

## FEMALE PATIENTS ONLY

Date and result of last smear ..... Do you use a contraceptive .....

Contraceptive pill ..... IUC ..... Diaphragm ..... Sheath ..... Other method .....

CHILDREN – Please list all the children that you have had:

**FOR SURGERY USE ONLY – TWO FORMS OF ID PRODUCED:-**