

MONIFIETH MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE

PERSONAL DETAILS

Surname: _____ (Mr / Mrs / Miss / Ms)	Date of Birth: _____
Forename: _____	
Address: _____	
_____	Home Tel No: _____
Occupation: _____	Mob Tel No: _____
Marital Status: Single / Married / Divorced / Widowed / Separated	

PAST MEDICAL HISTORY

1. Please list in date order where possible, all important illnesses, including hospital admissions, special investigations and operations

Date	Details
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Are you currently suffering from any illness or receiving treatment or medicines? YES NO

If YES, please give details, including drugs and dosages. Please include medicines you take regularly that are not prescribed by a doctor.

3. Are you a carer? YES NO

Do you require the help of a carer? YES NO

4. Do you Smoke? YES NO

If YES, what and how much? _____

Do you drink alcohol? YES NO

If YES, how much have you drunk in the last week? _____

5. Are you allergic to any substances, including medicines and drugs?

Please list:

6. Are you immunised against the following:

Tetanus **YES** **NO** Rubella **YES** **NO**

Poliomyelitis **YES** **NO** Other: _____

Don't Know

7. Do you have a family history of the following diseases? (e.g. Father, Mother, Brother or Sister)

Heart Disease **YES** **NO** Thyroid Disease **YES** **NO**

Diabetes **YES** **NO** Stroke **YES** **NO**

Asthma **YES** **NO** Eczema **YES** **NO**

Other: _____

FEMALE PATIENTS ONLY

8. a. Have you had a cervical smear? **YES** **NO**

If YES, what was the date of the most recent? _____

b. How many pregnancies have you had? _____

c. How many of these resulted in miscarriage or abortion? _____

d. Are you taking oral contraceptives? **YES** **NO**

e. Do you have an IUCD fitted? **YES** **NO**

NATIONALITY

9. Please tick one of the following:

White Scottish White Irish Other White ethnic group

Other White British ethnic group

Other ethnic mixed origin

Indian Pakistani Bangladeshi

Chinese Other Asian ethnic group

Black Caribbean Black African Other Black ethnic group

Other ethnic group

Ethnic group – Patient refused to specify