Dr PAMELA A LEGGATE Dr RICHARD GRANT

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NEW PATIENT QUESTIONNAIRE

Welcome to the practice. So that we can get to know a bit more about you, please complete some health information.

Name	.Date of birth
Address (flat number?)	
· · · · · · · · · · · · · · · · · · ·	•
	•
Post Code	
Next of kin name	
Next of kin relationship	
Next of kin telephone	
, , , , , , , , , , , , , , , , , , ,	
Have you ever registered here or at our oth	er surgery (4 Laurel street) before?
,	,
Have you had any illnesses or operations	in the past? If so please give details
below	· · · · · · · · · · · · · · · · · · ·
Are you taking any regular medication at prese	ent? If so please give details of medication
names and dosages	
Are you allergic to anything? If so please give	details.
gg g g	
FOR GP USE ONLY: NEW PATIENT NURSE	APPT
NEW PATIENT DOCTO	

	se tick one of the following:
	☐ If ex-smoker approx when did you stop?
	Approx how many did you smoke per day?
Current smoker	☐ Would you like any help to stop smoking?
a measure of sp	ohol? If so, how many units per week? (A unit is one small glass of wine, irits or half a pint of beer.)
exercise three til	regular exercise? Ideally you should aim to do some kind of aerobic mes per week.
	, family history which may be relevant to your health? For example heart
disease, strokes	y family history which may be relevant to your health? For example heart , diabetes. (Please state age at diagnosis if possible).
	y drug problems?
they cannot mar	r someone, or help to look after someone, without payment because nage on their own? If so, what is their relationship to you?
FOR WOMEN C	NLY:
	naiden name?
When was your Do you have any	last cervical smear test? / children?
If so, names and	l ages?
	ny other pregnancies (miscarriages, terminations etc?) y problems during the pregnancies?
	y probleme during the programmer

Thank you for taking the time to complete this questionnaire.

If you would like an appointment with the nurse or doctor, please ask at reception.