

FOR PRACTICE USE ONLY

NPC Appt Booked & Codes by staff (print name): DATE: TIME:	Named GP Code <input type="checkbox"/> 9NN60 DCRA Unticked <input type="checkbox"/> Patient EMIS ID No:
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Welcome To Wickham Park Surgery New Patient Questionnaire

Please use block capitals & **BLACK INK** to complete this form

Today's date: Date of Birth:

Surname: First Name:

Address:

..... Post Code:

Telephone Home:

Telephone Mobile:

Email Address:

Sex: Male: ☐ Female: ☐ Occupation:

Next of Kin: (Name and Contact No.)

Relationship to you? E.g. Mother, Brother

Are you a Carer? No ☐ Yes ☐ Please give name of person you care for
.....

Do you have a Carer? No ☐ Yes ☐ Please give their name and contact
number

HEALTH QUESTIONS

Are you a smoker? No ☐ Yes ☐ If Yes, how many a day?

Have you ever smoked? No ☐ Yes ☐

If yes please give the date you stopped?

Were you a Heavy ☐ Moderate ☐ or Light smoker ☐

Do you drink alcohol? No ☐ Yes ☐

How many units of alcohol do you drink per week?

How many units of alcohol do you drink on a typical day when you are drinking? 1 – 2 ☐† 3 – 4 ☐† 5 – 6 ☐† 7 – 8 ☐† 10+ ☐†

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

Never ☐† Less than monthly ☐† Monthly ☐† Weekly ☐†
Daily ☐ or almost daily ☐

Is there anything unusual about your diet?

How much exercise do you take?

MEDICAL HISTORY

Please list any operations, hospital admission or serious illness you have had or have at present:

Date:

Details:

Height?..... **Weight?**..... **Waist Circumference?**.....

MEDICATION

Please list any medications that you take on prescription:

Name of Medication:

How often taken:

ALLERGIES

Please list any medicines or foods you are allergic to:

FAMILY HISTORY

Please list any serious illness of living relatives and where known the cause of death of parents or brothers or sisters.

Relation:

Age

Illness/Cause of death

WOMEN ONLY

Have you had any pregnancies? No ☐ Yes ☐ If yes, please give details of how many: Male ____ Female ____ Miscarriages ____

Do you use any form of contraception? No ☐ Yes ☐

Not applicable ☐ If yes please state type:

Please give date and place of last Cervical Smear:

Date: Place:

Have you ever had a mammogram No ☐ Yes ☐ or other breast cancer screen? No ☐ Yes ☐ If yes, please state place.....

IMMUNISATIONS

To be completed for all patients. Please state which immunisations you have had e.g. Tetanus, diphtheria, polio, whooping cough, MMR, rubella or German measles, typhoid, etc:

Immunisation:

Date:

Patients aged 18 years or under

Please enter Name & Address of **Nursery, School or College**

.....
.....
.....

ETHNIC GROUP - Please tick as appropriate:

White

British ☐

Irish ☐

.....

Other White ☐

Black or Black British

Black Caribbean ☐

Black African ☐

First Language:

First Language:

First Language:

First Language:

First Language:

Other Black	†	First Language:
Asian or Asian British		
Asian Indian	†	First Language:
Asian/Pakistani	†	First Language:
Asian/Bangladesh	†	First Language:
Other Asian	†	First Language:
Other Ethnic Group		
Chinese	†	First Language:
Other Ethnic Group	†	First Language:
Mixed		
White & Black African	†	First Language:
White & Asian	†	First Language:
White & Black Caribbean	†	First Language:
Other mixed background	†	First Language:
Not Stated		
Ethnic Group not stated†		

Religion

If your first language is not English do you require an interpreter?

Yes ☐ / No ☐ Language.....

*Please return forms to the surgery receptionist you will be asked for **PHOTO ID** such as your passport or driving licence and **PROOF OF ADDRESS** such as a recent utility bill (gas, electricity, water or phone bill, but NOT a mobile phone bill) or council tax bill dated within last 3 months for patients 18 years and over patients aged 0 to 17 years are asked for proof of identity such as a birth certificate or passport and to make a New Patient Check appointment for patients aged 5 years and over.
Data recorded in this questionnaire will be stored in accordance with the data protection act and will be used only by Wickham Park Surgery and Bromley CCG.*