

**DRS BYWATER, HINTON, MOORE & WARD**

It would be very helpful to your doctor if you could complete this form before you are seen. Parents / Guardians can complete the form for patients aged 5 – 16 years. Under 5s do not require a form to be completed.

Please do not worry if you cannot answer all the questions.

**\*\*\* Please list ALL telephone / email details you are happy for us to contact you on \*\*\***

<b>Title:</b>	<b>Surname:</b>	<b>Maiden Name:</b>			
<b>Date of Birth:</b>	<b>Forenames:</b>	<b>Are you happy for us to contact you via text message? YES / NO</b> <small>Please note: if you fail to reply, we are unable to text you with appointment reminders</small>			
<b>Address:</b>		<b>Home Tel:</b>			
<b>Post Code:</b>		<b>Mobile:</b>			
		<b>Other:</b>			
		<b>Email:</b>			
<b>Medical Information:</b>					
<b>Q1</b> Do you have any of the following conditions? YES / NO (please tick all that apply):					
Asthma	Angina / Stent / MI	COPD	Diabetes		
Hypertension	Kidney Disease	Stroke / TIA			
If you have answered YES, you will be called for an annual review of this condition					
If NO, please go to Question 2					
<b>Q2</b> Have you had a NHS Health Check within the last <b>5 years</b> ? (these are given to 40 -74 year olds only) YES / NO / DONT KNOW					
If you are aged between 40 – 74 years and are eligible for a NHS Health Check, would you like this check with one of our nurses? YES / NO					
<b>Q3</b> If you are aged 40 years or younger and have answered no to Q1 and Q2, would you like a New Patient Health Check with one of our nurses? YES / NO					
<b>Q4</b> Do you have any Allergies? YES / NO Please give details					
<b>Q5</b> Are you taking any medication? YES / NO If yes please attach a repeat prescription list to this form (This will be available from your previous surgery) If you do not have a repeat list, please attach a handwritten one – Please include name & strength of medication, how often you take and why you were prescribed it (if known)					
<b>Q6 Smoking Status</b> Are you: A smoker                      YES / NO                      Cigarettes / Cigars / Pipe                      How many per day? Ex – Smoker                  YES / NO                      Approximate date of stopping: Never Smoked                YES / NO					
<b>Q7 Alcohol Consumption</b> (1 unit = 1 measure of spirits, 1 small glass of wine or ½ pint beer) (please tick all that apply)					
<b>How often do you have a drink containing alcohol?</b>	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
<b>How many units of alcohol do you drink on a typical day when you are drinking?</b>	1-2	3-4	5-6	7-8	10+
<b>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?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<b>Q8 Exercise</b> Average amount per week (including brisk walks):					
<b>Miles / km</b>		or	<b>Hours / Minutes</b>		(delete as appropriate)
<b>Q9 Diet</b> Do you eat: Wholemeal Bread / White Bread / Both 5 portions of fruit or vegetables per day YES / NO					

**Continued overleaf**

<b>Q10 Medical History:</b> Please give details of the following:					
Any serious illnesses					
Any operations					
Any current medical problems					
Any serious diseases affecting your family					
<b>Q11</b> Have you had your spleen removed (Splenectomy)?	YES / NO				
<b>Q12</b> Has your mother, father, sister or brother suffered from any of the following before the age of 65?					
Heart Attack	Y / N	Stroke	Y / N	High Blood Pressure	Y / N
Asthma	Y / N	Glaucoma	Y / N	TB	Y / N
Cancer	Y / N	Diabetes	Y / N		
<b>Q13</b> Have you had the following immunisations in the past 10 years?					
Tetanus	Y / N	Date:			
Polio	Y / N	Date:			
Please list any other immunisations below (with dates if possible):					
<b>Q14 Women Only</b>					
When did you last have a breast scan?		Date:	/ Never		
When did you last have a cervical smear?		Date:	/ Never		
Was it carried out at your previous GP Surgery? Y / N					
<b>Other Information</b>					
<b>Q15</b> Marital Status: Single / Married / Widowed / Separated / Divorced / Other					
<b>Q16</b> Nationality / Ethnic Origin:					
<b>Q17</b> If you have moved here from abroad please provide the following information:					
Date you first entered the UK:		From (country):			
<b>Q18</b> Your First Language:		Do you need an interpreter: YES / NO			
<b>Q19</b> Name of Next of Kin:		Their relationship to you:			
Their contact details:					
Are you happy for us to discuss your record with them? YES / NO					
<b>Q20</b>					
Housing Details: House / Maisonette / Flat / Mobile Home / Other					
Who lives with you?					
<b>Q21 CARERS</b>					
<b>If you are a carer</b> , please give the name of the person you care for: _____					
Relationship to you: _____ Would you like a referral you to the local Carers Association? YES / NO (If YES someone from the surgery will contact you beforehand)					
<b>If you are cared for</b> , please give name of your carer: _____ Relationship: _____					
<b>Q22</b> Have you or your family been allocated a Social Worker at any time? YES / NO					
Have you or your family accessed support from the Early Help Hub?		YES / NO			