Stockwood
medical centre

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As it is likely to take several weeks for your Medical records to get to us,
it would be useful if you could please complete and return this form.

New to GP: Patient Health Questionnaire - This information is completely confidential.

Todays Date			
Surname		First Names	
Date of Birth		Place of Birth	
Address			
Post Code		Home No.	
Occupation		Mobile No.	

Please circle: Single/Married/Widowed AND Living with: Parents/Partner/Children/Alone

Are you a carer for someone? Yes / No
(Do you look after someone who could not manage without you?)
If Yes, please request a **carer's pack from reception**

Name of person you care for:

D.o.B and/or address of person you care for:

Do you have a carer? Yes / No
If Yes please state who your carer is below and their relationship to you..

Name of your carer:

D.o.B and/or address of your carer:

Has any member of your family developed Heart Disease? Yes / No / Not Sure
If Yes please state their relationship to you, the age they developed it and what it was

Has any member of your family had a Stroke? Yes / No / Not Sure
If yes please state their relationship to you and the age they had it

Continued overleaf……

Has any member of your family suffered with any of the following?

Breast Cancer	**Huntingdon's Chorea**	**Spina Bifida**
Diabetes	**Blood Disorders**	**Asthma**

If Yes please state their relationship to you, the age they developed it and what it was

Is there anything that you know you are allergic to? Yes / No / Not Sure

If Yes please state what.

Do you smoke?

YES ☐

How many cigarettes do you smoke a day?
How many ounces of tobacco do you smoke a day?
How many cigars do you smoke a day?

About your alcohol consumption

A standard alcoholic drink is considered to be 1 unit.
A pint of Beer, Lager or Cider or 175ml glass of Wine is 2 units. A Bottle of wine is 9 units.
A bottle of alcopop or a can of Lager or Cider is 1.5 units. A single measure of spirit is 1 unit.

1, How often do you have a drink that contains alcohol?

Never ☐ Monthly or less ☐ 2 to 4 times a month ☐
2 to 3 times a week ☐ 4 times a week ☐

2, When you are drinking how many standard alcoholic drinks do you have in a typical day?

1 - 2 ☐ 3 - 4 ☐ 5 - 6 ☐
7 - 8 ☐ More than 10 ☐

3, How often do you have six or more standard drinks on one occasion?

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

Do you exercise?

YES ☐

What exercise do you do?
How Often do you exercise?

Do you have treatment or medication that requires regular appointments with a GP or Nurse?

This could include Depo (contraception, B12 Injections, Zoladex or Prostap etc)

NO ☐

YES ☐

What is it?
When is it next due?

Your Measurements

Height

Weight

Waist

Would you also please complete the patient profiling form on the next page.

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions

Choose ONE section from A to E, and then tick ONE box to indicate you background.

Name……..Date of Birth…….

A White

	British
	Irish
	Any other white background please write in below

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below

D Black or Black British

	Caribbean
	African
	Any other black background please write below

E Chinese or other ethnic group

	Chinese
	Any other please write below

Declined	

First Language