

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.

Today's Date	<input type="text"/>		
Surname	<input type="text"/>	First Names	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Address	<input type="text"/>		
Post Code	<input type="text"/>	Home No.	<input type="text"/>
Occupation	<input type="text"/>	Mobile No.	<input type="text"/>

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

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.

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.

Continued overleaf.....

Is there anything that you know you are allergic to?

Yes / No / Not Sure

If Yes please state what.

Empty text box for allergy details.

Are you a carer for someone?

Yes / No

If Yes, please request a carer identification & referral form from reception.

Please state who you care for below..

Empty text box for carer details.

Do you have a carer?

Yes / No

If Yes please state who your carer is below and their relationship to you..

Empty text box for carer details.

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?

Three empty boxes for smoking frequency.

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?

Two empty boxes for exercise details.

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

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

NO

YES

What is it?

When is it next due?

Two empty boxes for medication details.

Your Measurements

Height

Weight

Waist

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

Patient Profiling Form

We aim to provide Health Services for all people, regardless of race or language. In order to do
Thank you for helping us to provide a better service to you.

Practice/GP Date of Birth

Patient Name Postcode

1, What do you consider to be your ethnic origin?

Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Asian other (please state below)

White

- British
 Irish
 White other (please state below)

Black or Black British

- African
 Somali
 Caribbean
 Black other (please state below)

Other Ethnic Group

- Chinese
 Any other (please state below)

Mixed Background

- White and Asian
 White and Black African
 White and Black Caribbean
 Other Mixed Background (please state)

2, In the Surgery , which language do you usually speak and read?

These boxes represent speaking These boxes represent reading

- | | |
|------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Other (please state below) |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> |

I do not wish to complete this form.

Thank you for helping us.

If you need this document in a different format please telephone 0117 9002287