

BRIG ROYD SURGERY - NEW PATIENT QUESTIONNAIRE

Thank you for wanting to register at Brig Royd Surgery. We aim to give you the best care possible. Please help us to help you by completing this form. The information you give us will be completely confidential and will help us while we wait for your records to come from your previous GP. Please ask for help if you have any problems completing this form. You will be asked to complete the Family Doctor Services Registration form (GMS1) in addition to this questionnaire.

Have you been registered here before YES / NO

SURNAME	
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FIRST NAME	
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DOB	TELEPHONE NUMBERS - MOBILE We may wish to remind patients of appointments by text. Please Indicate if you give your consent for this. YES / NO HOME WORK
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MEDICAL HISTORY

Do you have any of these problems?	No	Yes
High blood pressure		
Heart disease		
Stroke or "mini stroke"		
Diabetes		
Asthma or chest disease		
Epilepsy		
Thyroid disease		
Mental health problems		
Cancer		
Any other serious current illness		

Details

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MEDICATIONS (INCLUDING CONTRACEPTION)

Are you taking any regular medications? (tablets/capsules, inhalers, etc.)	No	Yes
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Details (please attach your prescription printout if available)

1	
2	
3	
4	
5	

Are you allergic to any medication?	No	Yes
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Details

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CONTRACEPTION

Do you have a coil in situ?	No	Yes
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Date of fitting and type of coil?	
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Alcohol intake (units per week)		Units per week	
Weight		Height	
Do you smoke Cigarettes/pipe/cigars?	Never Smoked	Ever smoked. If so Date stopped.	If you smoke how many per day

Smokers

We strongly advise that you stop smoking. We offer counselling and treatment to help you stop. Please make an appointment in the Smoking Cessation Clinic for help.

Are you a carer? A carer is someone who looks after a relative, friend or neighbour who could not manage without their help	No	Yes
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What to do next

If you have answered **YES** to any of the questions – please check with a receptionist to see if you need an appointment with the doctor. We will not be able to provide you with any medication without first seeing a doctor. All new patients are welcome to make an appointment within six months of registration.

PLEASE BRING ALL YOUR MEDICATIONS with you when you come for your first appointment.

The NHS is required to collect details about your ethnicity. This information is used for monitoring purposes only.

Asian or Asian British

- Bangladeshi Chinese
- Indian
- Pakistani
- Any other Asian background

Mixed

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other Mixed background

Other Ethnic Group

-
- Any other ethnic group

Black or Black British

- African
- Caribbean
- Any other Black background

White

- British
- Irish
- Any other White background

I do not wish to disclose my ethnic origin

Preferred spoken language

Place of birth

More Information

Please see our Practice Leaflet and www.brigroysurgery.co.uk for more information about our services, policies and how to get the best from Brig Royd.