

**UNST HEALTH CENTRE
NEW PATIENT QUESTIONNAIRE**

Date:

It can take considerable time for your medical records to be sent to a new practice. This questionnaire will give the doctors basic information about your medical history. We should be grateful if you could complete each one for each family member joining the practice.

NAME						DOB
OCCUPATION or CURRENT SCHOOL						
SOCIAL STATUS	Married/Civil Partnership	Single	Separated	Divorced	Widowed	Co-habiting

Have you previously been registered with this practice?	YES	NO	Date:
Have you been registered with another practice in Shetland in the last 6 months?	YES	NO	Where:

MEDICAL HISTORY	YES	NO	FURTHER COMMENT
Allergies			
Epilepsy or blackouts			
High blood pressure			
Heart trouble			
Chest trouble e.g. asthma			Date of diagnosis
Kidney or bladder trouble			
Depression or mental breakdown			
Diabetes			
Surgical operations			
Other hospital admissions			
Do you smoke			If yes, how many
Have you ever smoked			
Date stopped smoking			
Alcohol consumption			Weekly consumption
Have you ever had a cervical smear?			DATE:

FAMILY HISTORY (first degree relative e.g. parent or sibling)	YES	NO	NOT KNOWN / NOT APPLICABLE
Stroke			
Diabetes			
High Blood Pressure			
Heart attack before age 60			
Heart attack after age 60			

MEDICATION	YES	NO	COMMENT If yes, please attach a copy of your repeat order list or write below:
Are you a regularly taking any medication? If using an inhaler, date of last prescription			

If CHILD REGISTERING Up to date list of immunisations / red book	
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NEXT OF KIN DETAILS	
Name	
Address	
Contact Tel No	
Relationship	

ETHNIC ORIGIN		You do not need to give this information if you do not wish to.
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CARER	YES	NO	FURTHER INFORMATION
Are you a carer for a family member, friend, neighbour?			
Do you have a carer?			
<i>If yes, would you mind your contact details being shared with the Voluntary Sector, so that they can provide you with information on local carers groups and activities?</i>			

PN appointment required:

GP appointment required: