

**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 | |
|--|--|

| 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. |
|----------------------|--|---|

| 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: