**Patient Questionnaire**

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| **Surname** |  | | | | | | | |
| **First Names** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Date of Birth** | **Country of Birth** | | **Have you been resident in the UK in the last 5 years Yes/No** | | | | | |
| **Have you visited a country for 6 months or more where Tuberculosis (TB) is high risk? Yes/No** | | | | | |
| I consent to my practice sending me SMS. These may include reminders about my appointments, test results, changes to the opening hours, closures for training, special clinics (Flu travel etc.,) or services I may be interested in. Yes  No | | | | | | | | |
| Height |  | Do you have any allergies? | Yes/No | | | If Yes what are you allergic to? | |  |
| Weight |  |
| **Smoking** | | | | | | | | |
| Current smoker Cigarettes Cigar Pipe  How many per day**\_\_\_\_**  Would you like advice on stopping smoking? Yes/No | | | | | Ex-Smoker | | Never Smoked | |
| **Alcohol** | | | | | | | | |
| Do you Drink Alcohol? Yes ****  No ****  **If you ticked yes please answer the following questions**  Alcohol units. Pint of 4% beer / lager 2.3 units. Can of  5% beer / lager 2.2 units. 175ml medium glass of wine 2 units. 250ml large glass of wine 3 units. 750ml bottle of wine 9 units. 25ml single spirit and mixer 1 unit. 50ml double spirit and mixer 2 units  1) How often do you have a drink that contains alcohol?  Monthly or less  2-4 times per month  2-3 times per week 4 + times per week   2)How many units of alcohol do you drink on a typical day when you are drinking?  1-2  3-4 5-6 7-8  10 +   3)How often do you have 6 or more units on one occasion?  Never  Less then monthly  Monthly  Weekly  Daily or almost Daily  | | | | | | | | |
| **Family History** | | | | | | | | |
| **Do you have family history of :** | | | | **How are they related to you?** | | | | |
| Heart Disease Yes/No | | | |  | | | | |
| Diabetes Yes/No | | | |  | | | | |
| Asthma Yes/No | | | |  | | | | |
| Stroke Yes/No | | | |  | | | | |
| Hypertension Yes/No | | | |  | | | | |

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| **Vaccinations** |
| When was your last tetanus injection? |
| When was your last polio injection? |
| **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.    White  British  Irish   Any other white background please write below  Black Or Black British  Caribbean  African   Any other black background please write below  Mixed  White & Black Caribbean  White and Black African   Any other mixed background please write below  Asian Or Asian British  Indian  Bangladeshi  Pakistani   Any other Asian background please write below  Chinese or other ethnic group please write below  What is your main spoken language?  **Do you look after someone who needs your time and support due to disability or illness?**  Please provide details of the person:  What is their disability/illness?  **Does someone look after you?**  Please provide details of the person:  What is your disability/illness?  Do you require communication in a format that you can understand i.e., large print, etc. If yes, please state below: |

**Consent to share records**

Do you consent to other organisations treating you having access to your clinical records held at the surgery? Yes / No

**Electronic Health Records Access**

Apply for on-line access to be able to be able to book/cancel appointments, request prescriptions and view your medical records. Please ask at reception for more information.