

# JOINING THE PRACTICE

If you are interested in joining our practice, please print and complete this patient questionnaire and drop it in to the practice reception.

One of the doctors or a member of the practice team will then contact you. The doctor may wish to meet with you, and if so will set an appointment for you at that point.

**While we do attempt to accommodate as many new patients wishing to join the practice as is feasible, please be aware that completion of this form does not in itself mean we will be in a position to take you on as a patient of the practice.**

## NEW PATIENT QUESTIONNAIRE

### **Personal Information:**

Title: Mr/Mrs/Ms: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel: Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

GMS/Medical card number (if applicable): \_\_\_\_\_

PPS Number (where applicable): \_\_\_\_\_

### **Medical Information:**

Do you have a history of any of the following conditions (either presently or in the past)?

Heart Disease  High blood pressure  Diabetes  Stroke/TIA

Asthma  Thyroid problems  Bowel problems

COPD  Cancer  Depression

Other (please specify)

\_\_\_\_\_

**Have you had any surgical operations in the past:**

Yes  (please specify below)                      No

\_\_\_\_\_

**Medications:**

Please list any medications that you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you **allergic** to any medications?

Yes  (please specify which) \_\_\_\_\_                      No

**Family History:**

Is there a history of any significant or serious illnesses in your family (parents, brothers, sisters)?

Please list: \_\_\_\_\_

Do you **smoke**? Yes  (If yes, how many per day \_\_\_\_\_)                      No

I am an ex-smoker  (If yes, how long \_\_\_\_\_ )

Do you drink **alcohol**? Yes  (If yes, how much in an average week \_\_\_\_\_)                      No

Next of kin Name: \_\_\_\_\_ Next of kin Telephone: \_\_\_\_\_

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE WHICH WILL HELP US TO CREATE A HEALTH RECORD