

New Patient Health Questionnaire – Falcon Road Medical Centre

Section 1: Personal details

Title..... First name Surname..... Date of Birth



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Occupation.....

****Have you ever served in the UK Armed Services as a Regular or Reservist? If YES PLEASE COMPLETE SECTION 4 of GMS1 FORM ****

Name & address of previous

GP.....

Next of kin: Name Tel

Relationship to Patient.....

Section 2: Medical information

Do you have any significant medical history? (Including operations) Please give dates where possible.....

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Are you on any regular medication? Yes / No If yes, please list of your medication.....

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Continue overleaf if needed

Do you have any allergies? Yes / No

Details.....

Do you smoke? Yes / No Number of cigarettes per day..... Do you drink alcohol? Yes / No Number of units per week

Section 3: Family history

Do you have a family history of any of the following (please circle) Heart Disease Stroke Diabetes Asthma Cancer

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If yes, which family member was affected?
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Section 4: Women

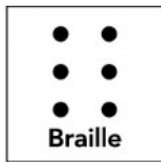
Have you ever had a cervical smear? Yes / No Date: Normal Abnormal (Please circle)

Section 5: Carers

Are you a carer (including unpaid carer looking after a family member)? Yes / No

If yes, please give details of who you care for
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Section 6: We offer a range of resources to support your communication needs. Please ask at reception for further details



Do you have any information or communication needs? (Please circle) Registered blind partially sighted Hard of hearing

What is your first language?..... Do you need an interpreter? Yes / No

Do you consider yourself to have a physical disability? Yes / No

Do you have a carer? Yes / No Name Tel