

The Park Surgery

NEW PATIENT QUESTIONNAIRE FOR OVER 16's

NAME.....

Date of birth..... Marital Status.....

Address

Telephone Number

Number of Children..... Occupation.....

Ethnic Origin e.g. White British/Asian/Afro-Caribbean etc.....please write in

.....

Summary Care Record. Please indicate your wishes Yes No

The content of the database includes the following: Drugs which you has been prescribed, Known adverse reactions to drugs & Known allergies . Only NHS staff with the correct access can view your SCR, in an urgent care setting.

HEALTH PROMOTION - Please circle any which apply:

Smoking Are you a smoker ex-smoker never smoked

If you are a smoker, **how many** cigarettes/tobacco **per day** do you smoke?.....

If you are an ex-smoker, when did you stop.....

ALCOHOL

How often do you have a drink that contains Alcohol (please circle whichever applies)

| | | | | |
|-------|-----------------|---------------------|--------------------|------------|
| Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+per week |
|-------|-----------------|---------------------|--------------------|------------|

How many standard alcoholic drinks do you have on a typical day when you are drinking (please circle whichever applies)

| | | | | |
|-----|-----|-----|-----|-----|
| 1-2 | 3-4 | 5-6 | 7-8 | 10+ |
|-----|-----|-----|-----|-----|

How often do you have 6 or more standard drinks on one occasion?

| | | | | |
|-------|-------------------|---------|--------|-----------------------|
| Never | Less than monthly | Monthly | Weekly | Daily of almost daily |
|-------|-------------------|---------|--------|-----------------------|

DIET

Please tick whichever applies:

| | | | | |
|--------------------|------------|---------|-----------------|------------|
| No particular diet | Vegetarian | Low fat | Weight reducing | High fibre |
| | | | | |

EXERCISE

Do you do work which is physically strenuous? Yes / No

Do you do more than 20 minutes brisk recreational exercise more than 3 times a week? Yes/ No

(P.T.O)