

BROOK HEALTH CENTRE & SILVERSTONE BRANCH SURGERY

Dr Supple, Williams, Srinivasan, Burgess ,Turner

Dear Patient

**New patient health questionnaire**

It can take several weeks/months for your previous medical records to reach us. Often there are important facts the doctors require before seeing you. It would be very helpful if you could answer the following questions and return the form before you leave the surgery. **This form must be completed and handed in before your first appointment so that your computer record can be updated.**

As a new patient we have registered you with this practice in the knowledge that you have moved into the area. You may also have discussed changing from another doctor with the agreement of the practice manager.

**Please make an appointment for your new patient check at reception as soon as possible. If you are on any repeat medication then you will need to make an appointment to see the doctor as well.**

If you have any children under 5 years, please bring your red record book with you to the check. Please print or write clearly and complete in full (delete where appropriate) ☺

Surname:..... First name: .....

Address: .....

.....

Post code: ..... Occupation: .....

Date when you moved to this address (month & year): .....

Telephone home: ..... Work: ..... Mobile: .....

DOB ..... Marital Status: single/married/divorced/widowed No of children: .....

Old GP name and address.....

.....Post code:.....

Ethnic Origin:.....

If you require a prescription you will be given a prescription slip. You are free to obtain medication from the pharmacist of your choice. There is a pharmacist in the Brook Health Centre building if you wish to use them. If you live out of Towcester we can dispense from our Silverstone practice if you prefer. We can deliver to dispensing patients who are unable to collect their medications in person

Tick here if you would like to be a Silverstone dispensing patient

Would you like the facility to book appointments and order repeat prescriptions online?

If so, please let us know when you come to your new patient check and we will be able to register you for this service.

**Present medication** (please enclose repeat slip if you have it)

Drug name	Dose	Why you take this medicine
e.g. Atenolol	50mg once daily	Blood pressure

Do you have any drug allergies?

Details: .....

Do you suffer with any of the following medical conditions?

Name	Year Diagnosed	Name	Year Diagnosed
Asthma Y/N		Stroke Y/N	
Blood Pressure Y/N		Diabetes Y/N	
Angina Y/N		Epilepsy Y/N	
Thyroid problems Y/N		Glaucoma Y/N	

Other Illnesses and operations

Name	Year Diagnosed	Name	Year diagnosed
E.g. Appendicectomy	1997		

Do you smoke? Yes/No      Amount per day: .....

Have you ever smoked? Yes/No      If yes how much and when did you stop? .....

If you smoke, would you like to receive advice on how to quit? .....

How much alcohol do you drink in a day? .....

Do you take regular exercise? Y/N      Please give details.....

Do you look after someone .....

Does someone look after you? .....

Name and phone number of next of kin .....

Additional information (other drugs/illness/information)

.....  
.....

**Women only:**

Date of last smear .....Date of last breast screen (if 50-64) .....

Do you have a coil fitted? ..... If yes, when was it fitted?.....

I certify that the above information is correct to the best of my knowledge. I confirm that I have recently moved into this area and that I am not registered with another doctor.

Signed ..... Date .....

Checked by .....

Proof of Identity      Passport      Driving Licence      ID Card      Birth Cert      Marriage C

Proof of Address      Council tax bill      Bank Statement (last 3 months)      Wage slip      Utility bill