

# DR MELLOR & PARTNERS

## NEW PATIENT HEALTH QUESTIONNAIRE

### Your Contact Details:-

Title (Mr/Mrs etc)	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>	First Names	<input type="text"/>
Occupation	<input type="text"/>	Previous Surnames	<input type="text"/>
Home Address	<input type="text"/>	Home Tel	<input type="text"/>
		Work Tel	<input type="text"/>
		Mobile	<input type="text"/>
Postcode	<input type="text"/>	Email Address	<input type="text"/>

### Information About You:-

Height	<input type="text"/>	Weight	<input type="text"/>
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Next of Kin (please give name, address, telephone number & relationship)
<input type="text"/>

Are you a Carer?	YES/NO	Do you <b>have</b> a Carer?	YES/NO
If Yes, please give details		If Yes, please give details	
<input type="text"/>		<input type="text"/>	

Have you any sensory impairment, eg, deafness, visual problems?	YES/NO
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If so, please let us know what this is and if you need assistance when visiting the surgery.
<input type="text"/>

Medical Information – please list any chronic diseases you suffer from, eg, diabetes
<input type="text"/>

Current Medication:-
<input type="text"/>

Family History:-	Heart Attack	YES/NO	Asthma	YES/NO
	Diabetes	YES/NO	Stroke	YES/NO

Do you Smoke? YES/NO

If No, have you ever smoked? YES/NO

If you do currently smoke, how many cigarettes or ounces of tobacco do you smoke per week?

Would you like advice on giving up smoking?

YES/NO

**ALCOHOL SCREENING**

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasions?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>TOTAL OF 3 QUESTIONS ABOVE</b>						
<b>Please complete the questions below <u>ONLY</u> if you have a score of 5 or more</b>						
How often, in the last year, have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often, in the last year, have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often, in the last year, have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often, in the last year, have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often, in the last year, have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you, or someone else, been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

**ALCOHOL CONSUMPTION**

Units per week  (1 unit = 1 glass wine/half pint beer/1 measure spirits)

We are now required by the Government to collect this information on all our patients. Please can you indicate the ethnic category you belong to below:

British/Mixed British		Indian/British Indian		Chinese	
Irish		Pakistan/British Pakistan		Other Asian	
Other White		Bangladesh/British Bangladesh		Caribbean	
White/Black Caribbean		White & Asian		African	
White/Black African		Other Mixed		Other Black	

Please can you also state your main spoken language

**Online Services and Text Message**

You will be able to book appointments and order your prescription online. Please indicate here if you wish to register for this.

YES/NO

The practice uses a reminder system for appointments and results. Please indicate here if you wish to receive texts from the practice

YES/NO

Thank you for your time. The GPs will now consider your application. Please contact the surgery in 7 days regarding our application. In normal circumstances we will only write to patients whose application has been refused giving the reason for that refusal.