

TOWNHEAD HEALTH CENTRE - NEW PATIENT MEDICAL QUESTIONNAIRE
 (New patients will be given a new patient medical if clinically necessary or can request one)

<u>Today's Date:</u>	HAVE YOU EVER BEEN REGISTERED WITH THIS HEALTH CENTRE IN THE PAST: Yes / No
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Name Occupation

Date of Birth Age in Years Sex: Male / Female

Address

Home Telephone No:	Work Telephone No:
Mobile No:	Email:

How long to you intend to live at this at this address:-
STUDENTS ONLY – How Long Are You Studying in Glasgow:-

Name, Address, Tele No: of your NEXT OF KIN:

Your Height Your Weight

DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS: (Please tick)

High Blood Pressure	Stroke	Heart Condition	Asthma or COPD
Epilepsy	Diabetes	Thyroid	Mental Health Problems
Any other major illness:-			

SMOKING (tick only one please)

Never Smoked 137I	Smoker (how many per day) 137R	Ex Smoker (how long) 137S
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If Smoker – Was Cessation leaflet given YES/NO	(8CAL)
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MEDICATION Are you presently taking any medication – please list –	
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ALLERGIES – Do you have an allergic reaction to any MEDICATION – please list	
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STUDENTS: Have you had the MenC Jab.	Yes	No	Not Sure
Have you had the MMR Jab.	Yes	No	Not Sure

ADULT FEMALE PATIENTS ONLY:- (reception will explain this section if you need help)

Date of Last Smear Test:-	<u>ONLY IF YOU HAVE NEVER HAD A SMEAR TEST -</u> Please answer the following question: Have you ever been sexually active YES / NO <u>HYSTERECTOMY</u> – If you have had, give date:
Taken at: GP / Clinic / Abroad	
Result of Smear Test:-	
CONTRACEPTION:	If you require a contraceptive appointment you may book one with the Practice Nurse.

Please continue on the back of this form

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We need to know what Ethnic Group you belong to. **Please tick ONE of the following boxes:**

White Scottish 9S13	Other White British 9S14	Irish 9S11	Other White Ethnic Group 9SB..	9S12
Indian 9S6..	Pakistani 9S7..	Bangladeshi 9S8..	Chinese 9S9..	Other Asian Ethnic Group 9SH..
Black African 9S3..	Black Caribbean 9S2..	Other Black Ethnic Group 9SG..		
Ethnic Group Not Listed 9SE..		Ethnic Group – patient refused detail 9SD..		

FAMILY MEDICAL HISTORY

Are you aware of any family history (**MOTHER, FATHER, BROTHER, SISTER**) having any of the following diseases. If so, please tick and state Parent / Brother / Sister. **If you have no date for this section PLEASE SCORE THROUGH:**

High Blood Pressure 12C1	Stroke 12C4	Heart condition 12C.	Asthma 12D2
COPD 12D1	Diabetes 1252	Hypothyroid 1251	Mental Health Problems 128
Epilepsy 1296	Cancer 124		

******IMPORTANT INFORMATION REQUIRED******

Are you caring for someone or being cared for by a relative/friend, if so, **please ask at reception for a Carers Registration Form.** This will allow us to record this detail. **If in the future you become a carer or cared for – please advise the Practice.**
There is a notice board in reception area exclusively for Carer Information.

PATIENT – PLEASE STOP AT THIS POINT

FOR SURGERY USE ONLY – CHECKLIST

Telephone number	Enter via EMIS registration screen	
Height & Weight	Enter via EMIS template	
Smoking	Select Code / PALM pop up	
Smoking Cessation	If relevant AND leaflet given: Code or Palm Pop-up	
Allergies	Code. IF NO KNOWN ALLERGIES add code 1151	
Smear Details	PM will action from GPRs passed to her.	
Ethnicity	Enter code – as shown above	
Family History	Enter code. IF NO RELEVANT FAMILY HISTORY, Enter Code 122	
Notes Summarised	FIRST REGISTRATION or BIRTH – Code 9344.	
New Births	Mothers Name and DOB recorded from Immunisation Form	
Under 5 years old	Send copy of GPR to Health Visitors	

FAST Alcohol Form Done	Code 9k16 (Remove form if < 16y old)	
If Teetotal	Code 1361	