

BIRCHGROVE SURGERY
MEDICAL QUESTIONNAIRE

Since it will be some time before we will have your medical records, we would be grateful if you could provide us with some information which will assist us in the meantime. You may wish to request a medical summary (along with medications list) from your previous GP to pass on to us. All new patients are welcome to book a routine appointment if needed to discuss your medical history (new patient appointment).

If you are under the care of the hospital, you will also need to inform them of your new address and GP.

GENERAL INFORMATION

Full name	<input type="text"/>
Date of birth dd/mm/yyyy	<input type="text"/>
Gender	<input type="text"/>
Mobile number (if aged 16 or over)	<input type="text"/>
Home phone number	<input type="text"/>
Marital Status	<input type="text"/>
Occupation	<input type="text"/>

LANGUAGE PREFERENCE

English	<input type="checkbox"/>	
Welsh	<input type="checkbox"/>	Preferred spoken language <input type="text"/>
Do you require a translator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CONSENT

Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders and anything else relevant to your healthcare?

YES I consent ☐ NO I do not consent ☐

We have an electronic method of contact available for patients to contact the surgery for non-urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred email address for this purpose?

YES I consent ☐ NO I do not consent ☐

Email address

SMOKING

Do you smoke?

Yes

☐

No

☐

Ex-smoker

☐

How many (cigarettes, ounces of tobacco, electronic per day)

What date did you stop smoking?

ALCOHOL

For the following questions please answer to the best of your knowledge:

(We have provided a basic guide to alcohol content below to assist your completion)

A 750ml bottle of wine contains 10 units

A standard (175ml) glass of wine contains 2 units

A single small shot of spirits (25ml) contains 1 unit

A standard 70cl bottle of spirits contains 28 units

A pint of 3.6% strength lager/beer/cider contains 2 units

A pint of 5.2% strength lager/beer/cider contains 3 units

How many units of alcohol do you drink a week?

EXERCISE

Do you do any exercise?

None

☐

Gentle

☐

Moderate

☐

Vigorous

☐

HEIGHT & WEIGHT

Please tell us your most recent measurements for the following if known

Height

Weight

Would you like information about having a healthy weight?

Yes

☐

No

☐

NEXT OF KIN

Name

Relation

Contact number

FAMILY HISTORY

The following information you provide may assist us to provide good care for you whilst we wait for your previous medical records. Is there any of the following in your family (father, mother, brother, sister) under the age of 65 with the following illnesses?

Heart disease	Yes <input type="checkbox"/>	<i>Mother / Father / Brother / Sister (please circle)</i>
	No <input type="checkbox"/>	
Stroke	Yes <input type="checkbox"/>	<i>Mother / Father / Brother / Sister (please circle)</i>
	No <input type="checkbox"/>	
Cancer	Yes <input type="checkbox"/>	<i>Mother / Father / Brother / Sister (please circle)</i>
	No <input type="checkbox"/>	

MEDICATION

Please give details of any medication which you take (prescribed or otherwise) Please provide a copy of your most recent medication slip if you have one.

Drug name	Dosage

Would you like to nominate a pharmacy for us to send you prescriptions to electronically? If so please detail which pharmacy:

ALLERGIES

Do you have allergies?

Yes ☐

No ☐

If yes please give details

PAST MEDICAL HISTORY

Please give details of any treatments/medical conditions

BLOOD TRANSFUSIONS

Have you received a blood transfusion prior to 1996? Yes ☐ No ☐

CARER INFORMATION

Do you need/have anyone who looks after you or your daily needs as a Carer ? Yes ☐ No ☐

If yes, would you like them to deal with your health affairs ? Yes ☐ No ☐

Do you care for anyone else ? Yes ☐ No ☐

OTHER

Have you moved to the UK from abroad? Yes ☐ No ☐

If yes please specify which country

Please tick any/all that apply

I am an Asylum Seeker	<input type="checkbox"/>	I am Housebound	<input type="checkbox"/>	Communication difficulties	<input type="checkbox"/>
Registered blind	<input type="checkbox"/>	Registered disabled	<input type="checkbox"/>	Live in a nursing home	<input type="checkbox"/>
Live in a residential home	<input type="checkbox"/>	Live in a children's home	<input type="checkbox"/>	I have a carer	<input type="checkbox"/>

Have you ever served in the Armed Forces Yes ☐ No ☐

COMMUNICATION

Do you have any communication/information needs relating to sensory loss and, if so what are they and how would you like us to communicate with you?

ACCEPTABLE BEHAVIOUR CONTRACT

An Acceptable Behaviour Contract is a signed written agreement between the patient and a GP Practice to make explicit that the patient will conduct themselves in an appropriate and respectful manner to all staff.

By registering with the Practice I, (the patient) agree the following: 1. I agree to refrain from using abusive or offensive language, making threats of violence or aggressive behaviour; in person, on the phone, in writing to on social media 2. I will treat all NHS staff, fellow patients,

carers and visitors politely and with respect at all times 3. I will not consume alcohol, smoke or take any form of drugs whilst on the premises 4. I accept and understand that the Practice is obliged to provide a safe and secure environment for its staff and to care for their health and safety.

By breaching this contract, I can expect to be 1. Removed from the Practice List 2. Reported to the police with a view to charges begin brought against me 3. Considered by the Health Board for referral to the Alternative Treatment Scheme.

I confirm I have read the above Practice Protocol and understand the information presented. I confirm that I have read and understand the meaning of the Acceptable Behaviour Contract and understand the consequences of breaking the contract.

Yes

☐

No

☐

Your signature

ETHNICITY

What Is your ethnicity?

Asian – Asian Welsh or Asian British

Indian

☐

Chinese

☐

Pakistani

☐

Any other Asian

☐

Bangladeshi

☐

Black, Black Welsh, Black British, Caribbean or African

Caribbean

☐

African

☐

Any other Black, Black British, or Caribbean background

☐

Mixed or multiple ethnic groups

White and black Caribbean

☐

White and Asian

☐

White and black African

☐

Any other mixed or multiple ethnic background

☐

White

Welsh, English, Scottish, Northern Irish or British

☐

Irish

☐

Gypsy or Irish Traveller

☐

Any other White background

☐

Other ethnic group

Arab

☐

Any other ethnic group

☐

Thank you for completing this questionnaire