

For Office Use Only	
Identification Seen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identification description (i.e. Driving Licence, Passport etc.)	
Receptionist Initials	



Forest Gate Surgery
1 Hazel Farm Road
Totton
Southampton
SO40 8WU

NEW PATIENT QUESTIONNAIRE

*If you would like this information in an alternative format, i.e. large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let us know on
02380 663839*

PLEASE COMPLETE ALL SECTIONS

Name

Address
.....
.....

Postcode **Date of Birth**/...../.....

Home Telephone **Mobile**

Gender: Male Female

Main Language Spoken (please specify)

Age Range

17-24 25-34 35-44 45-54
55-64 65-74 75-84 85 +

Heightcm

Weightkg

Blood Pressure

(please use our machine in reception)

Next of Kin details

Name **Telephone Number**

Address

Relationship to yourself i.e. wife/husband/partner

Do you wish this person to have access to your medical information? **Yes** **No**

If Yes please read and sign the declaration below

I hereby give my consent for the above named person to have access to my personal medical details and be able to use this information in my best interest.

My consent will remain in force unless cancelled by myself in writing.

Patient Signature

Date

Please complete the next page

Summary Care Record Scheme

Do you wish to OPT OUT of the Summary Care Record Scheme? Yes No

**If yes please complete Opt Out form.*

Ethnic Background			
British or mixed British	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	(Please Specify).....	
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Pakistani/British Pakistani	<input type="checkbox"/>	Indian/British Indian	<input type="checkbox"/>
Other (please specify).....	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>

Alcohol Intake						
Questions	Scoring					Your Score
	0	1	2	3	4	
How often you have a drink that contains alcohol?	Never	Monthly or less	2-4 times a 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?	0-2	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 or almost daily	

A score of 5 or more indicates harmful or hazardous drinking.

Do you smoke? Yes No Have you ever smoked? Yes No

We strongly recommend that smoker's should endeavour to give up smoking – ask at reception for information regarding “Quitters” to help you stop smoking.

Are you a carer? Yes No

If Yes would you be kind enough to give details.....

Are you a Military Veteran? If Yes, have you handed in your FMED133 Form?
Yes No

Online Appointments and Prescriptions

If you would like to register for our online appointment service please return to the surgery in two weeks with photo ID and we will be able to register you while you wait.

Are you happy for us to contact you by e-mail? (i.e. for surveys, newsletters, test results and other messages etc.). If so please fill in your e-mail address below.
Yes No

E-mail Address.....

Please note that we will not respond to any medical information or questions received through our surveys or website.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.