Manor Medical Practice New Patient Questionnaire

Personal

Name ____

Date of Birth____________Age_____ Height_____________Weight________

Tel / Mobile Number____
Email address ____

Do you consent for your medications, allergies and additional medical information to be shared via Summary Care Record? YES NO

Do you consent to Stepping Hill Hospital A+E Department accessing your medical records if needed? YES NO

Are you a registered carer? YES NO

For all patients, the standard method of communication is via letter in standard font. If you have a disability or sensory loss and require an alternative method, for example, large print letters, telephone call or email format please indicate here:

____

Next of Kin

Name ____

Relationship ___________________________ Tel _______________________

Same address as yourself ☐

Ethnicity

(White) British	☐	(Black\Black British) Caribbean	☐
(White) Irish	☐	(Black\Black British) Other	☐
(White) Other Background	☐	(Mixed) White and Asian	☐
(Asian\Asian British) Bangladeshi	☐	(Mixed) White and Black African	☐
(Asian\Asian British) Indian	☐	(Mixed) White and Black Caribbean	☐
(Asian\Asian British) Pakistani	☐	(Mixed) Other	☐
(Asian\Asian British) Other	☐	(Other) Chinese	☐
(Black\Black British) African	☐	(Other) Any Other	☐

First spoken language ____

Smoking Status

Never smoked ☐ Current Smoker ☐ Current non-smoker ☐

If applicable, how many do you smoke a day?__________________________

If applicable, are you interested in giving up smoking? **YES** **NO**

Are you currently pregnant? YES NO

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Military Service

Please tick below if you are a military veteran or reservist.

- ☐ Army Veteran
- ☐ Royal Navy Veteran
- ☐ Reservist
- ☐ Royal Air Force Veteran
- ☐ Royal Marines Veteran
- ☐ Veteran

Medication

If you are taking regular medication please attach a copy of the left page of your prescription.

Alcohol Consumption

How often do you have 8 or more units on one occasion?

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily ☐

How often in the last year have you been unable to remember what happened the night before because you had been drinking?

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily ☐

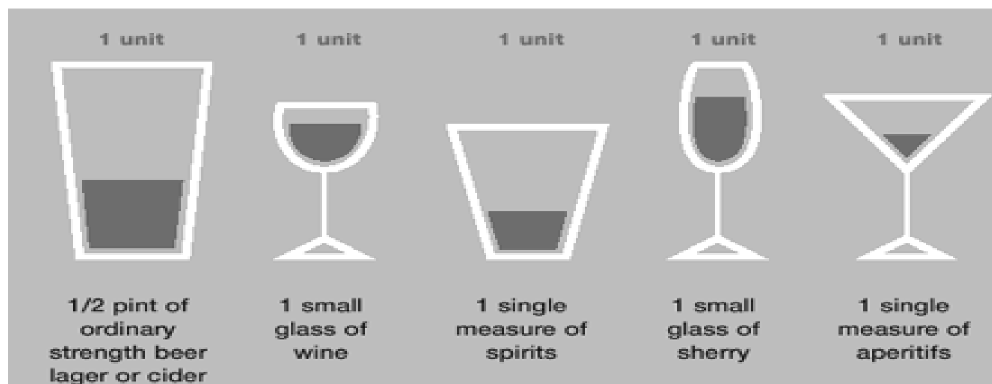
How often in the last year have you failed to do what was normally expected of you because you had been drinking?

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily ☐

In the last year has anyone been concerned about your drinking, or suggested you cut down?

Yes, once ☐ Yes, more than once ☐ No ☐

Guide to units



This section for practice staff to complete

New patient health check appointment given

Date Time Site Card Given