CONFIDENTIAL NEW PATIENT QUESTIONNAIRE

www.woolpithealthcentre.co.uk

Please complete as many questions as you can. You are under no obligation to complete this form but your medical records may take several months to reach us and the information will assist us in providing you with good medical care.

PLEASE PRINT YOUR ANSWERS AND RETURN THE FORM TO YOUR DOCTOR.

Name: Mr, Mrs, Ms, Miss:		
Address:		
Sex: Male or Female	**DOB:**	**E-mail Address:**
Home No:	**Work No:**	**Mobile:**

PLEASE GIVE THE NAMES AND TELEPHONE NUMBERS OF TWO PEOPLE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY (NEXT OF KIN)

FULL NAME	CONTACT NUMBERS

MEDICAL HISTORY – Please list any serious illnesses, operations or accidents

Year (Approx)	

DRUGS AND MEDICINES

Are you currently taking any medicines (Please tick✓)

YES [ ] NO [ ] If yes please give details below.

Name of Medicine	How Often Do You Take	Date Started

Are there any medicines or drugs that have upset you in any way? (Please tick✓) YES [ ] NO [ ]

Name of Medicine	What Happened?

Please continue overleaf/……..

PERSONAL HISTORY

Height:	**Weight:**
Occupation:	

ARE YOU: (Please tick✓) Single [ ] Married [ ] Divorced [ ] Living with partner [ ]

CHILDREN – Please list giving first name, surname (if different from yours) and year of birth:

Full Name	Year of Birth

FAMILY HISTORY

	Yes	No
Is there a family history of heart disease		
Is there a family history of diabetes		
Is there a family history of raised cholesterol		
Any other significant family history, please specify		

DO YOU SMOKE - (Please tick✓) YES [ ] NO [ ]

If Yes	How Many Cigarettes Daily?	Tobacco grams per week?
If No have you ever smoked	Yes/No	What Year did you give up?

DO YOU DRINK ALCOHOL (Please tick✓) YES [ ] NO [ ]

(1 unit = ½ pint of regular beer, larger, cider and small glass of wine (1 glass) a single measure of spirits)

Fast Alcohol Screening Test (FAST)

QUESTIONS	SCORING SYSTEM					YOUR SCORE
	0	1	2	3	4	
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often do you have 8 units (men) or 6 units (women) or more on one occasion?						
If you scored zero above, then FAST is negative and you may stop. If you scored 1-4 then carry on.						
How often in the last year have you been able to remember what happened when drinking the night before?						
How often in the last year have you failed to do what was expected of you because of drinking?						
Has a relative, friend, doctor or health worked been concerned about your drinking or advised you to cut down?	No		Yes but not in the last year		Yes during the last year	

(Scoring: An overall total score of 3 or above is FAST positive and may indicate hazardous or harmful drinking)