

LANGBANK MEDICAL CENTRE
Broad Lane, Norris Green, Liverpool L11 1AD
Tel: 0151 226 1976

NEW PATIENT QUESTIONNAIRE

The questions overleaf are to help us compile our records. They are confidential. Please answer them to the best of your knowledge.

Date:

Name and Address.....

.....

D.o.b..... Home Phone

Mobile phone no

Email address

Next of Kin:

Next of Kin relationship: Next of kin phone

What is your ethnicity Religion

What is your spoken language

Language Read.....

Do you require any interpreter Yes / No (please circle)

Marital Status: (please circle)

Child / Single / Single Parent / Married / Living as Married / Separated / Divorced / Widower

Children / Step children age 0 – 18 years: Number at home

CARERS

Are you a carer? Yes No

Do you look after someone Yes No

Does someone look after you Yes No

YOUR PAST MEDICAL HISTORY

Operations / accidents / serious illness / hospital admissions / investigations

Please list:
.....
.....
.....

YOUR CURRENT HEALTH HISTORY

.....
.....

Present Medication: (continue over the page if necessary).

.....
.....
.....

Nominated pharmacy for electronic prescription (See reception)

HEIGHT..... **WEIGHT**.....

ALLERGIES OR REACTIONS PLEASE STATE

1..... what is the cause.....
2..... what is the cause.....

VACCINATIONS

Flu Injection Yes No Year given

Pneumococcal Yes No Year given

Meningitis Yes No Year given

Tetanus Injection Last 5-10 years Over 10 years

CHILDHOOD IMMUNISATIONS

Are your childhood immunisations up to date Yes No (Please bring red book)

If not please state which immunisations are due:
.....
.....

HOSPITAL

Have you received any kind of hospital treatment in the last 12 months? Yes No

Are you still attending hospital Yes No

WOMEN ONLY

Are you currently pregnant? Yes - If yes due date No

Do you use contraception? Yes - If yes what contraception do you use No

Name of contraceptive.....

Date of last smear.....

Have you ever had a mammogram (Breast Screening) Yes No

If yes date.....

DIET (Please circle)

Normal / Vegetarian / low fat / or your description

Level of exercise: includes exercise at work and in sport etc (please circle)

Very little / occasionally / regularly

ALCOHOL

Do you drink alcohol Yes No

If yes please complete the following questions:

How often do you have a drink that contains alcohol:

- 0 points = never
- 1 point = monthly or less
- 2 points = 2-4 times per month
- 3 points = 2-3 times per week
- 4 points = 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking:

- 0 points = 1-2 drinks
- 1 point = 3-4 drinks
- 2 points = 5-6 drinks
- 3 points = 7-9 drinks
- 4 points = 10+ drinks

How often do you have 6 or more standard drinks on one occasion:

- 0 points = never
- 1 point = less than monthly
- 2 points = monthly
- 3 points = weekly
- 4 points = daily or almost daily

SMOKING

Current Smoker Yes (How many) No

Never smoked Yes No

Passive smoker Yes No

Stopped smoking Yes (Date) No

Cigar smoker Yes No

Have you had any smoking cessation advice Yes No

PHYSICAL ACTIVITY

How many days a week do you carry out physical activity

Out of those days how many minutes per day

SOCIAL HISTORY

Are you working Yes No

Occupation

If retired what was your former occupation

Housing (please circle) Council rented / private rented / buying or own home / living with family / other

.....

Do you or a member of your family suffer from any of the following problems:

CONDITION	YOU	FATHER	MOTHER	SISTER	BROTHER	PATERNAL GRANDMOTHER/ FATHER	MATERNAL GRANDMOTHER/ FATHER
Diabetes							
Heart Problems Under 60 Over 60							
Heart Attacks Under 60 Over 60							
High Blood Pressure							
Stroke							
Mental Health							
Asthma							
Bronchitis Emphysema							

Epilepsy							
Thyroid Disease							
Kidney Disease							
Visual Problems							
Any Form of Cancer							
Prostate Problems							
Osteoporosis							
Other please specify							

Any further information that might be helpful to your doctor

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CONSENT FOR ELECTRONIC RECORD SHARING (Please see reception for further information)

Yes No

PATIENT ACCESS

If you would like to order your medication or book an appointment on line please tick the box.

PATIENT PARTICIPATION GROUP

If you would like to join our patient group please tick the box.

DATA PROTECTION ACT 1998

The NHS like all organisations that keep records of your personal data, must comply with the Data Protection Act 1998. All staff working for the National Health Service has a legal duty to keep information about you confidential.