

The Valley Surgery
81 Bramcote Lane Chilwell Nottingham NG9 4ET
Telephone: 0115 9430 530
Fax: 0115 9431 958

NEW PATIENT HEALTH QUESTIONNAIRE	
<p>Welcome to The Valley Surgery. Your records may take some time to arrive from your previous doctor, so it would help us if you would answer the following questions.</p> <p>We aim to help you keep fit and well while you are with us.</p> <p>You are invited to make an appointment for a New Patient Check with one of our Practice Nurses. Please bring a urine sample with you if you are over 60 years of age.</p> <p style="text-align: center;">THE DOCTORS AND THE PRACTICE NURSE WILL TREAT ALL INFORMATION YOU GIVE US IN THIS QUESTIONNAIRE AS STRICTLY CONFIDENTIAL</p>	
PERSONAL DETAILS:	
Full Name And Title	
Date of Birth	
Occupation	
Home Telephone Number	
Work Telephone Number	
Mobile Number	
Email address	
Main Language Spoken	
I would like my ethnic group to be recorded on my records as or I do not wish to have my ethnic group recorded (delete as appropriate)	
MEDICAL HISTORY: Have you ever suffered from any of the following medical problems? Please tick where appropriate	
Arthritis	Asthma
Cancer	Chronic Bronchitis
Depression	Heart Attack/Angina
Diabetes	Thyroid trouble
High Blood Pressure	Tuberculosis
Ulcer (duodenal or gastric)	Hysterectomy
Glaucoma	Other Illness
<p>When was your last Tetanus</p> <p>When was your last Polio.....</p>	

Height:	Weight:
---------	---------

What operations have you had?

Are you on any medicines/inhalers?

Are you allergic to anything, especially drugs/medications?

Did either of your parents die of heart disease?

Do any illnesses or diseases run in your family (parents, brothers, sisters etc)?

Have you ever smoked on a regular basis?
 Yes..... No.....
 If yes, for how many years have you smoked?.....
 If you smoke cigarettes, how many in a day?..... **BE HONEST**
 If no, have you ever smoked?.....

How much alcohol do you drink in a week?

How do you keep fit?

Are you a Carer?
 (Please ask at reception for a leaflet)

Is there anything about your health that you wish to discuss with us?

FOR WOMEN ONLY

When was your last cervical smear?

Do you check your breasts in mid-cycle?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

