

THE ELIZABETH COURTAULD PARTNERSHIP

The Elizabeth Courtauld Surgery, Factory Lane West, Halstead, CO9 1EX

Tel: 01787 47 59 44 Fax: 01787 47 45 06

Dr J E Markham

Dr P J Duffus

Dr D Kreis-Alsayed

Dr A Davey

Dr A Al-Sawaf

Dr A S Prasad

Dr K Salmon

Dr B J Spencer

NEW PATIENT QUESTIONNAIRE

Welcome to the Elizabeth Courtauld Surgery. We would like you to first complete this questionnaire and then book a *New Patient Health Check* with one of our nurses. If you take regular medication, please book an appointment with your doctor so that we will have a better understanding of your needs. You will be required to complete a GMS1 form which is available at reception before you are fully registered with the practice. All information will be treated in strict confidence.

SURNAME	DATE OF BIRTH
FIRST NAMES	
ADDRESS	
	POST CODE
TEL. No.	MOBILE No.
Do you give us permission to send you SMS messages on this number for appointment confirmation and results?	YES NO
PLACE OF BIRTH	MARITAL STATUS
PREVIOUS NAME	OCCUPATION
FULL NAMES OF CHILDREN (IF ANY)	
NAME AND TOWN OF PREVIOUS DOCTOR (IF KNOWN)	
NEXT OF KIN	
NEXT OF KIN RELATIONSHIP	
NEXT OF KIN ADDRESS	
NEXT OF KIN TEL. NO.	

PLEASE LIST ANY IMPORTANT ILLNESS OR OPERATIONS YOU HAVE HAD:	
A)	DATE
B)	DATE
C)	DATE
D)	DATE
E)	DATE

PLEASE LIST ANY MEDICATION YOU TAKE REGULARLY:		
NAME	STRENGTH	HOW MANY TIMES A DAY
A)		
B)		
C)		
D)		
E)		

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING:
MEDICINE eg PENICILLIN?
FOOD?
OTHER?

HAVE ANY OF THESE RELATIVES HAD ANY OF THESE SERIOUS ILLNESSES :				
RELATIVE	DIABETES	HEART DISEASE	CANCER	OTHER
MOTHER				
FATHER				
SISTER				
BROTHER				

SMOKING					
Do you currently smoke?	Yes No	Are you an ex-smoker?	Yes No	Have you ever smoked?	Yes No
If yes, when did you start smoking?					
How many cigarettes do you smoke a day now?					
If you have stopped smoking, when did you stop?					
How many did you smoke a day?					

ALCOHOL CONSUMPTION:				
How often do you have a drink containing Alcohol?				
Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
How many units of alcohol do you drink on a typical day when you are drinking?				
1 or 2	3 or 4	5 or 6	7 or 8	10 or more
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily

PLEASE TELL US WHEN YOU HAD THE FOLLOWING:	
Tetanus immunisation	
Cervical Smear (women only)	Result
Mammogram (women over 50 only)	Result
Do you have an IUCD (or coil) currently fitted	

YOUR ETHNIC ORIGIN					
Please tick one of the boxes below					
WHITE			ASIAN OR ASIAN BRITISH		
A	British		H	Indian	
B	Irish		I	Pakistani	
C	Any other White background		J	Bangladeshi	
MIXED			K	Any other Asian background	
D	White and Black Caribbean		BLACK OR BLACK BRITISH		
E	White and Black African		L	Caribbean	
F	White and Asian		M	African	
G	Any other mixed background		N	Any other Black background	
			OTHER ETHNIC CATEGORIES		
			O	Chinese	
YOUR FIRST SPOKEN LANGUAGE					
Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care.					

Are you entitled to free NHS treatment (UK or EU passport holder, valid work permit, Home Office Letter or Asylum Registration Card)	
--	--

NAME/ BRANCH or ADDRESS OF YOUR NOMINATED PHARMACY (for electronic prescriptions)

SUMMARY CARE RECORD – Please read the NHS Care Records information and let us know if you	
CONSENT	DISSENT or HAVE NO PREFERENCE for an SCR
Do you support someone in their day to day life? This could be a husband, wife, family member or neighbour. Yes/ No If yes, what is their relationship to you?	