Rowan Tree Practice

Confidential New Patient Questionnaire

(Please complete all fields to assist with your registration)

|  |  |  |
| --- | --- | --- |
| Surname |  Forename(s) |  |
| Date of Birth | Country of Birth |  |
| Single 🞏 Married 🞏 Divorced 🞏 Separated 🞏 Widowed 🞏 Living with partner 🞏 |  |
| Home Telephone: | Mobile: | Work: |  |
| Medical History | Date of Onset | Medical History | Date of Onset |  Blood Pressure / |  |
| Diabetes 🞏 |  | Asthma 🞏 |  |
| Cancer 🞏 |  | Epilepsy 🞏 |  |
| Stroke 🞏 |  | High Blood Pressure 🞏 |  |
| Depression/Mental Illness 🞏 |  | Heart Disease 🞏 |  | Additional Comments |  |
| Overactive Thyroid 🞏 |  |  |  |  |  |
| Smoking status: Current Smoker 🞏 Ex-Smoker 🞏 Never Smoked 🞏Input coding 137R 137F 1371 |  |
| Weekly Alcohol ConsumptionPints of beer\_\_\_\_\_\_\_ Glasses of Wine\_\_\_\_\_\_\_ Spirits\_\_\_\_\_\_\_ Large(250ml) 🞎 Small 175ml 🞎 |  |
| Height Weight (required to calculate BMI) |  |

**NB. All staff to complete checklist over page before patient leaves.**

**Staff Registration Checklist**

**Identification**

**Photo ID 🞎**

**Proof of address 🞎 (Adults only)**

**Blood Pressure: is within normal limits 🞎**

**Over 150/90 Book non urgent Nurse Appointment 🞎**

**Over 200/110 Seek immediate re-test with Nurse or Duty Doctor 🞎**

**Smokers:**

**Advice leaflet has been given 🞎**

**Children:**

**Immunisation form completed 🞎**

**Information for Parents leaflet given 🞎 (under 5’s only)**

**Red Book Copied 🞎**

**NB. British patients that have been overseas – we must have date leaving and date of re-entry to UK. 🞎 tick if applicable**

**NB .Overseas born patients entering UK for first time – we must have date of entry to UK. 🞎 tick if applicable**

**Organ Donor?**

**Form completed, signed and dated 🞎**

**Blood Donor?**

**Form completed, signed and dated 🞎**

**Staff Member Initials………………… Date………………………**