Railway Medical Group

New Patient Questionnaire

Surname ..... **Forename (s)** .....

Title Mr / Mrs / Ms / Miss **Date of birth** .....

Maiden name(s) .....

Address .....

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Postcode ..... **Telephone number/s** .....

Email address .....

Current occupation .....

Marital status Single / Married / Widow/Widower / Divorced/Separated / Other

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Please answer the following questions;

1. Do you smoke? Never….. Yes .....Cigarettes/Pipe/Cigars If not now, date stopped: ……..

If **yes** how much per day .....

2. Alcohol

a) How often do you have a drink that contains alcohol?

Never	Monthly or less	2-4 Times per month	2-3 Times per week	4+ times per week

b) How many standard alcoholic drinks do you have in a typical day when drinking?

1-2	3-4	5-6	7-8	10+

c) Do you ever have 6 or more standard drinks on 1 occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily

3. Ethnic group

To which of these groups do you consider you belong: (tick one box only)

White:	*Black or Black British:*	*Ethnic Groups:*
British	Caribbean	Chinese
Irish	African	Any other Ethnic group
Any other White background	Any other Black background	
Asian or British Asian:	*Mixed:*	
Indian	White and Black Caribbean	*Prefer not to disclose*
Pakistani	White and Black African	
Bangladeshi	White and Asian	
Any other Asian background	Any other Mixed background	

4. Height ..... **Weight .**.....

5. Are you a carer? Yes ….. No……

If so, do you consent to us recording this on our system? Yes …. No ……

By providing this information it will enable us to flexibly meet your needs.

6. Do you have any medical problems?

Yes ..... No .....

If **yes** please give details .....

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.....

7. Are you under the care of a hospital consultant at the moment?

Yes ..... No .....

Name of consultant Hospital Diagnosis

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9. Do you take any regular medication?

Yes ..... No .....

If **yes** please make sure that you have one month's supply from your previous GP surgery and provide list of medication

10. Do you have any allergies to medicines or tablets?

Yes ..... No .....

If **yes** please give details .....

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13. Summary Care Record

Did you have a Summary Care Record at your previous doctor's surgery? YES / NO
See enclosed leaflet

Consent for sharing of Summary Care Record (see enclosed leaflet) YES/NO

Consent for sharing of Shared Health Care Record (see enclosed leaflet) YES/NO

14. Are you a Military Veteran? YES / NO

Armed forces, regular or reserve, Merchant Navy seafarers and fishermen who served in a vessel which facilitated military operations by armed forces.

If YES can we record this on your medical record? YES / NO

15. Communication Needs

Please inform us if you have any communication needs i.e Braille, large print or need help through an interpreter

Signed:

Date:

For Office Use Only

For over 75's enter code 9NN60 as Named GP ☐

First spoken language

Patient not willing to give information: ☐

Please tick to indicate:

Akan		Lithuanian	
Albanian		Luganda	
Amharic		Makaton (sign language)	
Arabic		Malyalam	
Bengali		Mandarin	
Brawa		Norwegian	
British signing language		Pashto (Pushtoo)	
Cantonese		Patois	
Croatian		Polish	
Dutch		Portuguese	
English		Punjabi	
Ethiopian		Russian	
Farsi (Persian)		Serbian	
Finnish		Sinhala	
Flemish		Somali	
French		Spanish	
French creole		Swahili	
Gaelic		Swedish	
German		Sylheti	
Greek		Tagalog (Filipino)	
Gujarati		Tamil	
Hakka		Thai	
Hausa		Tigrinya	
Hebrew		Turkish	
Hindi		Urdu	
Igbo (Ibo)		Vietnamese	
Italian		Welsh	
Japanese		Yoruba	

Korean		Other – please specify below:	
Kurdish			
Lingala			

Thank you for completing this form