BANK STREET MEDICAL GROUP HEALTH QUESTIONNAIRE

Please complete the Health Questionnaire below and indicate which practice you would like to join. Information regarding the Practice and the services we offer can be found in the Practice Booklet.

Bank Street Medical Group ☐ **Eden Villa Practice** ☐

We would like to gather some information about you and ask that you fill in the following questionnaire. This will enable us to give you the best possible care.

Please complete all areas in **CAPITAL LETTERS** and circle the appropriate answers

Title:	**Surname:**	**First Names**
Date of Birth: / /		Contact Tel Nos:
Consent to leave voicemail: Yes No		Email address:

Additional details:

What is your ethnic group:			
White	British	Irish	
Black	Caribbean	African	
Asian	Indian	Pakistani	Chinese
Mixed	White + Black Caribbean	White + African	White + Asian
Other – please specify:			

Carer information:

Do you have a Carer?:	Yes	No
If yes, what is their name:	Name:	Contact No:
Do you consent for your carer to be informed about your medical care?	Yes	No
Are you a Carer?	**Yes**	**No**
If yes, do you look after someone who is a patient of Bank Street Medical Group	Yes	No Don't Know
If yes, what is their name?		
Are they a:	Relative	Friend Neighbour

Next of Kin:

Name of Next of Kin:	Relationship to you:
Next of Kin telephone no:	Next of Kin address (if different to above):

Allergies:

*Are you allergic to any medicines?	Yes (if yes please specify)	No
*List other allergies (pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of)		

Medication:

Please provide a copy of your repeat prescription from your previous surgery. This will enable us to issue a prescription for your repeat medication. If unavailable, please list current medications:

Please record any additional information, for example, any serious illnesses or recent operations:

Have you ever had any of the following conditions?

Epilepsy	Yes	Year	Mental Illness	Yes	Year
High Blood Presure	Yes	Year	Diabetes	Yes	Year
Heart Attack/Angina	Yes	Year	Asthma	Yes	Year
Stroke/Mini-stroke (TIA)	Yes	Year	COPD (or Emphysema)	Yes	Year
Cancer	Yes	Year	Osteoporosis/Bone Fracture	Yes	Year
Rheumatoid Arthritis	Yes	Year	Peripheral Vascular Disease	Yes	Year

Please tell us about your smoking habits:

Do you smoke?	**Yes**	**No**	**Are you an ex-smoker?**	**Yes**	**No**
If yes, what do you smoke?	Cigarettes	Cigar	Pipe	How many did you used to smoke/day?	
How many do you smoke per day?			Would you like advice on quitting	Yes No	

Please tell us about your alcohol consumption: = 1 small gloss of wine, 1 measure of spirit, ½ pint beer or lager

Questions (please circle your answers)	**Unit Scoring System**				
	0	**1**	**2**	**3**	**4**
How often do you have a drink containing alcohol?	Never	Monthly or less	2 – 4 times/month	2 – 4 times/week	4+ times/week
How many units of alcohol do you drink on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10+
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
How often during the last year have you been unable to remember what happened the night before because you had been drinking alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected of you because of drinking alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Has a relative or friend, a doctor of other health care worker been concerned about your drinking or suggested you cut down?	Never		Yes, but not in the last year		Yes, in the last year

Signed:	Signed on behalf of patient (if applicable, eg for minors under 16 years old, adults lacking capacity

On-line services (Patient Access) – this service can be accessed two weeks after you have registered with the Practice. This will allow you to book appointments and/or request medication online. Please ask our receptionists for access codes.

New Patient Health Check – you will be eligible for a new patient health check with a Practice Nurse. Please contact reception if you should like to make an appointment for this.