The Green Medical Practice

### New Patient Health Questionnaire

## Welcome to our practice in Clydebank. We would be grateful if you could spend some time answering the following questions about your health. This will allow for us to best plan your health needs and provide continuity of care until we receive your own records. **Thank You**

|  |  |  |
| --- | --- | --- |
| Mr/Mrs/Miss/Ms Other | Name | Date of Birth |
| Telephone Text |  | Single/Married/ Divorced/ Widowed |
| **White:** Scottish⁭ Other British⁭ Irish⁭ Any other white background(specify)⁭ **Mixed:** Any other mixed background (specify)⁭  **Asian, Asian British:** Indian⁭ Pakistani⁭ Bangladeshi⁭ Chinese⁭ Other Asian(specify)⁭  **Black, Black British:** Caribbean⁭ African⁭ Any other black background (specify)⁭  **Other Ethnic Background** (specify) ⁭  **Prefer not to say ⁭** | | |

**Past and Current Medical History** (Please include any operations/illnesses – continue on the back if needed)

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| **Date** | Problem |
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**Family Medical History** If Known (especially High Blood Pressure, Diabetes, Asthma, Heart Attacks, Strokes, Epilepsy – or hereditary diseases – this will help us plan your own care in future)

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| Relative | Problem | Age (when Problem 1st Diagnosed) |
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**Allergies** to medicines foods etc. (Please indicate the name of the substance **and** how it effects you.)

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| --- | --- | --- | --- |
| **Are you a smoker?** Yes/No/Ex Number of Cigarettes (or other) per day?\_\_\_\_\_\_\_\_\_\_ | | | |
| **Alcohol Intake-** \_\_\_\_\_\_Units per average week (1 unit = half pint beer/ 1 glass wine/ one short approx.) | | | |
| **Height** |  | **Weight** |  | |

## Please turn over the page to read and complete the medication section

## **Veteran Status**

* A **‘veteran’**is defined as anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

Are you a Veteran Yes □ No □

## **Current Medication**

|  |  |  |
| --- | --- | --- |
| Medicine Name | Medicine strength (e.g. 10mg) | Taken How Often? |
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**All new patients** prescribed **opiates** like codeine, co-codamol, dihydrocodeine tramadol and morphine, and **sedatives** and **sleeping tablets** like diazepam, temazepam and zopiclone; unless for palliative care or under direct supervision of a psychiatrist, **will be entered onto a safe reduction and stop program.**

The practice does not prescribe methadone, but the local Addictions Team provides that service.

**Signed Date**