

## EYRE MEDICAL PRACTICE – PATIENT QUESTIONNAIRE

In order to enable us to provide you with the best care possible, it is helpful to obtain some details about you and your lifestyle. Please take a few minutes to answer the following questions. All information will be kept in the strictest of confidence.

**DATE:**

1. Have you previously been registered with Eyre Medical Practice? Y/N
2. Were you born in the UK? Y/N - If 'No' please tell us the date you entered the UK:

<b>NAME:</b>	<b>DATE OF BIRTH:</b>	<b>MALE</b>
<b>PLACE OF BIRTH:</b>	<b>OCCUPATION:</b>	<b>FEMALE</b>
<b>MARITAL STATUS:</b>	<b>TELEPHONE NO.:</b>	
	<b>MOBILE NO.:</b>	
<b>E-MAIL ADDRESS:</b>		

<b>MEDICAL PROBLEMS – Have or Had – please tick and give date of diagnosis (if known)</b>		
<b>Heart Attack</b>	<b>Stroke</b>	<b>Anxiety</b>
<b>Heart Disease</b>	<b>Epilepsy</b>	<b>Depression</b>
<b>High BP</b>	<b>Cancer</b>	<b>Diabetes -</b>
<b>Angina</b>	<b>Hypothyroidism</b>	<b>(Insulin Depend)</b>
<b>Asthma</b>	<b>Stress</b>	<b>(Non-Insulin Dep)</b>
<b>OTHER (please state)</b>		
<b>HOSPITAL TREATMENT OR OPERATIONS:</b> (including date, if known)		
<b>KNOWN ALLERGIES:</b>		

<b>CURRENT MEDICATION:</b>
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<b>DOES ANYONE IN YOUR FAMILY SUFFER FROM THE FOLLOWING?(give brief details)</b>	
<b>Asthma</b>	<b>High BP</b>
<b>Heart Disease (angina/heart attack)</b>	<b>Stroke</b>
<b>Diabetes</b>	
<b>OTHER (anything you may think important)</b>	

<b>ALCOHOL: (1 unit = ½ pint or 1 pub measure of spirits or 1 glass of wine)</b>
Units consumed per week - ____
<b>SMOKING – (please tick one box)</b>
Never Smoked
Current Smoker
Ex-Smoker

**HEIGHT:**

**WEIGHT:**

DO YOU TAKE ANY EXERCISE? (please give brief details)

**PLEASE LET US KNOW IF THERE IS ANY ADDITIONAL INFORMATION YOU FEEL MAY BE OF IMPORTANCE:**

ARE YOU A CARER?

Do you provide help and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness, disability or a mental health problem?

Which ETHNIC GROUP do you belong to? (please tick one box)

**White Group**

British

Irish

Other white background

**Mixed Group**

White and Black Caribbean

White and Black African

White and Asian

Other Mixed background

**Asian or Asian British Group**

Indian or British Indian

Pakistani or British Pakistani

Bangladeshi or British Bangladeshi

Other Asian Background

**Black or Black British Group**

Caribbean

African

Other Black background

**Chinese or other ethnic group**

Chinese

Other Ethnic Group

Thank you for your help. Please make an appointment with the practice nurse for a New Patient health check. Please bring a fresh specimen of urine with you to this appointment (the receptionist will provide an appropriate container).

**FOR SURGERY USE ONLY:**

**BP**

**BMI**

**URINALYSIS**

**SMOKING CESSATION ADVICE GIVEN**

**ALCOHOL HEALTH ADVICE GIVEN**