# NEW PATIENT HEALTH QUESTIONNAIRE

**Name** ________________________________ **Practice Number** ________________________

**Address** ______________________________ **Date of Birth** ___________________________

______________________________________ **Date of Registration** _____________________

1. Have you changed address recently? Yes ☐ No ☐

2 Are you a) Married ☐ b) Remarried ☐ c) Widowed ☐ d) Divorced ☐ e) Single ☐
3. Are you a) Employed ☐ b) Unemployed ☐ c) Retired ☐ d) Redundant ☐
4. If employed, please state: a) Occupation ________________________ b) Employer______________________
5. Have you taken out Medical Insurance? Yes ☐ No ☐

Have you ever had, or do you have now, any of the following illnesses? Please tick the appropriate columns.

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| 6. Rheumatic Fever | | | 22. Kidney or bladder trouble | | |
| 7. Arthritis | | | 23. Indigestion or stomach ulcer | | |
| 8. Breathlessness | | | 24. Vomiting or passing blood | | |
| 9. High blood pressure | | | 25. Piles or haemorrhoids | | |
| 10. Heart disease or palpitations | | | 26. Hernia or prolapse | | |
| 11. Bronchitis, pneumonia or pleurisy | | | 27. Jaundice | | |
| 12. Coughing up blood | | | 28. Any tropical disease | | |
| 13. Tuberculosis | | | 29. Skin complaint | | |
| 14. Asthma or hayfever | | | 30. Venereal disease | | |
| 15. Ear, nose or throat problems | | | 31. Allergy to drugs, food, inhalers or contact | | |
| 16. Eye problems | | | 32. Do you smoke?<br>If yes: Cigars/Cigarettes/Tobacco/Pipe (please delete)<br>Approximately how many/much per day? | | |
| 17. Fits, faints or blackouts | | | 33. Do you take alcohol regularly?<br>If Yes how many units per week? | | |
| 18. Severe or frequent headaches | | | 34. How much exercise do you take?<br>Impossible/Nil/Light/Moderate/Heavy/Athlete (please delete) | | |
| 19. Depression/nervous breakdown | | | 35. Are you taking any medicines?<br>If so, please list them overleaf "Current Medication" | | |
| 20. Varicose veins/thrombosis | | | 36. Have you had a chest x-ray recently? | | |
| 21. Diabetes | | | 37. Have you had an operation? | | |
| | | | 38. Have you ever been in hospital? | | |

## FOR FEMALE PATIENTS ONLY

| | | | | | |
|---|---|---|---|---|---|
| 39. Have you had any children? | | | 41. Have you had a cervical smear within 3 years?<br>If yes, please state when and result if known: | | |
| 40. Were your deliveries normal? | | | 42. If over 50, have you had a mammogram in the past 2 years? | | |

Please turn over..

**FOR ALL PATIENTS** (Please tick any conditions which you think may run in your family)

| | | | | | |
|---|---|---|---|---|---|
| 43. Diabetes | | | 50. Hay fever, eczema or asthma | | |
| 44. Rheumatic fever or nephritis | | | 51. Allergies | | |
| 45. Arthritis, thyroid disease or anaemia | | | 52. Skin disease | | |
| 46. Tuberculosis | | | 53. Nervous illness or breakdown | | |
| 47. Heart disease or high blood pressure | | | 54. Twins or birth defect | | |
| 48. Migraine | | | 55. Cancer | | |
| 49. Epilepsy | | | | | |

56. Please enter details of any immunisation/vaccination that you know you have received:

| Name of immunisation/vaccination | Date given | Where given | Any known side effects |
|---|---|---|---|
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Guidelines for Childhood Vaccination Schedule – full details of children's immunisation are available in the patient held "green book":

| | |
|---|---|
| 2 months: | Diphtheria, Tetanus, Pertussis, Polio, HIB, Pneumococcal |
| 3 months: | Diphtheria, Tetanus, Pertussis, Polio, HIB, Meningitis C |
| 4 months: | Diphtheria, Tetanus, Pertussis, Polio, HIB, Meningitis C, Pneumococcal |
| 12 months: | HIB, Meningitis C, |
| 13 months: | Measles, Mumps, Rubella (MMR), Pneumococcal |
| 3yrs 4 months to 5 years: | Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella (MMR) |
| 10 to 14 years: | BCG (against tuberculosis) |
| 13 to 18 years: | Diphtheria, Tetanus, Polio |

57. Please enter any other comments concerning the health of yourself or your family that you feel may be useful to your doctor.

58. Please enter any Current Medication: