DRS. CHRIS SMITH, PENNY SOWDEN & PHILLIPPA HUGHES

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The Doctors and Staff welcome you to the practice. In order for us to provide you with a good quality of care, it would be helpful if you could complete the following questionnaire and hand it back to reception.

DATE:……

PERSONAL DETAILS

SURNAME:……..Master/Miss
FIRST NAME(S):……..
DATE OF BIRTH:……..

ADDRESS:…….
…….
POSTCODE:……..
TELEPHONE (HOME):…….

I WOULD DESCRIBE MY ETHNIC ORIGIN AS FOLLOWS:

ASIAN or ASIAN BRITISH: □ Bangladeshi □ Indian □ Pakistani □ Any other Asian background **BLACK OR BLACK BRITISH:** □ African □ Caribbean □ Any other Black Background	**MIXED:** □ White & Asian □ White & Black African □ White & Black Caribbean □ Any other Mixed background **WHITE:** □ British □ Irish □ Any other White background	**OTHER ETHNIC GROUP:** □ Chinese □ Any other ethnic group (please state): …….. □ I do not wish to disclose my ethnic origin

PERSONAL MEDICAL HISTORY

ILLNESS	YES/NO	DATE DIAGNOSED	ARE YOU STILL ON MEDICATION OR HAVING TREATMENT
Eczema	Y/N	- -/- -/- - - -	
Asthma	Y/N	- -/- -/- - - -	
Epilepsy	Y/N	- -/- -/- - - -	
Diabetes	Y/N	- -/- -/- - - -	
Any other illness	Y/N	- -/- -/- - - -	Details:…… ……

Please give dates and details of any operations:…….

……

CHILDHOOD VACCINATIONS

Please record either in the table below or leave the red book at reception.

VACCINATION	DOSE 1	DOSE 2	DOSE3	DOSE 4
Diphtheria/Tetanus/ Polio/Pertussis/Hib				
Pneumococcal				
Meningitis C				
MMR				
Hib/Meningitis C				

MEDICATION

Please specify all drugs, medicines, tablets or pills that you take regularly……

……

ALLERGIES

Do you have any DRUG allergies? YES/NO

If YES, please list:…….

Do you have any OTHER allergies? YES/NO

If YES, please list:…….

CARERS

Do you look after someone? YES/NO

INFORMATION

Thank you for filling out this questionnaire as fully as you can. The information will be passed to one of our nurses. If she feels it is appropriate for you to be reviewed by a Doctor or Nurse, she will contact you either by telephone or by letter. If you would like to see someone before this, please make an appointment at your convenience.

If you are on regular medication, you will need to make an appointment with one of the Doctors. No repeat medication can be issued before you have done this.

Many Thanks.