

New Patient Form



Countesthorpe
Health Centre

It would be helpful if you could fill in the details on this form and bring it with you to your new patient health check.

Name..... Date of birth.....

Address.....

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Home Tel No.....Daytime contact no.....

Email address.....

Ethnic origin.....First language.....

1. Occupation.....

2. How much exercise do you take per week?.....

3. Are you on any particular diet? e.g. vegetarian.....

4. Are you waiting for any hospital appointments which your previous GP has referred you for?

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5. Do you have any close family members who suffer from the following?

Heart disease Diabetes Strokes Cancer Epilepsy

If so please give brief details.....

6. Do you have any allergies? Please give details

Drug allergy.....Other allergies.....

7. What do you weigh?.....How tall are you?.....

8. Do you smoke? Yes/No If yes, how many per day?.....

9. Are you an ex-smoker? Yes/No

10. When did you start?.....When did you stop?.....

11. Do you have any ongoing illnesses? e.g. Asthma, diabetes Please give details

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12. Have you had any operations in the past? Please give details

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13. Do you take any prescription medicines? Please give details

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14. Please write the approximate date of your last tetanus injection if

known.....

Are you a carer, or are you being cared for by a relative/friend? Yes/No
If so please give details

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LADIES ONLY

Approx date of last smear.....

Have you ever had any abnormal smears? Yes/No

Method of contraception (if applicable).....

We are able to offer a full contraceptive service here at the surgery.

CHILDREN AGED 5 AND OVER ONLY

Have you been fully vaccinated? Please give details of any missed vaccinations (if known)

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Please bring a urine sample with you to your New Patient Check. This will be checked at the surgery, along with your blood pressure. You will have an opportunity to tell us about your particular health needs and to ask any questions you may have about the services we provide.