

## Hartington Surgery

### New Patient Health Check Questionnaire

To enable us to update our clinical information please will you complete this questionnaire.  
This information will be treated in the strictest confidence.

Name:	Date of Birth:	Age:
Next of Kin: (name, relation, and contact details)		Male/Female
<b>Mobile number?</b>		
<b>Are you happy to be contacted via our text messaging service?    YES    or    NO</b> <b>(We could contact you about your health)</b>		
Please state your ethnic origin/country of birth: -		
First Language Spoken: -		
Please state any disabilities, impairment, or sensory loss: - i.e. aphasia, mental health problems, deaf, partial hearing loss, blind, partial sight loss please circle any of the above that apply to you or write down your needs to help us communicate effectively with you:-		
<b><u>Health Check Questionnaire</u></b> <b><u>Please circle the appropriate answer to each of the questions below</u></b>		
<u>Are you taking any medication at present?</u>  <b>IMPORTANT:</b> If you have answered yes, please attach your printed list of medication from your previous GP or bring your medication boxes with you when handing in these forms. We will not be able to provide you medication without proof.	Yes	No
<u>Do you have any known allergies?</u> If <b>YES</b> , please list:	Yes	No

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<u>Do you have or ever had any of the following?</u> <ul style="list-style-type: none"> <li>➤ Asthma</li> <li>➤ Diabetes</li> <li>➤ Coronary Heart Disease</li> <li>➤ Stroke and Transient Ischaemic Attacks</li> <li>➤ Hypertension</li> <li>➤ Chronic Obstructive Pulmonary Disease</li> <li>➤ Epilepsy</li> <li>➤ Thyroid Disease</li> <li>➤ Cancer</li> <li>➤ Serious Mental Health Problems</li> </ul>	Yes	No
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Please list any previous significant illnesses, operations, admissions to hospital, specialist consultations:

Condition	Date	Treatment

**Any other information:-**

<b>Smoking</b>  <b>Please complete as appropriate</b>	Do you smoke?	If yes - How many?
	Never Smoked	Tick if appropriate
	Ex-Smoker	Date Stopped:
<b>Alcohol</b>	Units per week :-	

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_