

0121 772 0067 | 100 Cooksey Road, Small Heath, Birmingham, B10 0BS  
0121 203 3800 | 2 Finch Road, Lozells, Birmingham, B19 1HS  
**Dr VK Dadheech** | MBBS, DPM, FPA Cert  
**Dr H Dadheech** | MBBS, LMSSA, FPA Cert  
**Dr N Dadheech** | MBChB, MRCGP



**New Patient Questionnaire**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mr | Mrs | Miss | Ms | Surname: | | | |
| Date of Birth: | | | | First Name(s): | | | |
| NHS Number: | | | | Previous Names: | | | |
| Male | | Female | | Town & Country of Birth: | | | |
| Address including postcode: | | | | | | | |
| Phone (Main): | | | | | Phone (Other): | | |
| Email: | | | | | Occupation: | | |
| Main Language: | | | | | Interpreter Needed? | Yes | No |

**Tracing Your Medical Records**

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| --- |
| Previous Address in the UK: |
| Previous GP Name & Address: |

**If you are from abroad**

|  |
| --- |
| Your first UK address where registered with a GP: |
| If previously resident in the UK, date of leaving: |
| Date you first came to live in the UK: |

**Were you ever registered with an Armed Forces GP?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: | | | | |
| Regular | Reservist | Veteran | Family Member (Spouse, Civil Partner, Service Child | |
| Service or Personnel number: | | | Enlistment Date: | Discharge Date: |
| Address before enlisting: | | | | |

**Ethnicity**

|  |  |  |
| --- | --- | --- |
| White | British Irish Irish Traveller Traveller Gypsy/Romany Polish Other | |
| Mixed | White and Black Caribbean White and Black African White and Asian Other | |
| Asian or Asian British | | Indian Pakistani Bangladeshi Other |
| Black or Black British | | Caribbean African Somali Nigerian Other |
| Other | Chinese Filipino Other | |
| Other Details: | | |

**Communication**

|  |  |  |
| --- | --- | --- |
| We use SMS messages and/or email to contact patients. Advise reception to opt out from this. | | |
| Do you have communication needs or consider yourself disabled? | Yes | No |
| Details: | | |

**Next of Kin**

|  |
| --- |
| Name: |
| Relationship to you: |
| Phone: |
| Address if different to yours: |

**Your Health**

|  |  |
| --- | --- |
| Please list any current medications you are taking (continue on separate sheet if needed) | |
| Name | Dose |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Are you allergic to any medicines, and if so, which? | |

|  |
| --- |
| Please list any serious illnesses/operations/accidents/disabilities (and for women, pregnancy related problems) and the year they took place. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been diagnosed with any of the following? (tick as appropriate) | | | | | |
| Epilepsy | Yes | No | Blindness/Glaucoma | Yes | No |
| High Blood Pressure | Yes | No | Diabetes | Yes | No |
| Heart Attack/Stroke/TIA | Yes | No | Depression | Yes | No |
| Cancer | Yes | No | Asthma/COPD | Yes | No |
| Eczema/Hay Fever | Yes | No | Other | | |

**Smoking and Alcohol**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you smoke? | Yes  \_\_\_ per day | | No | | Quit  When did you quit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Would you like help to quit? | | Yes | | No | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring System** | | | | | **Your Score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink that contains alcohol? | Never | Monthly or less | 2-3 a month | 2-3 a week | 4+ a week |  |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-8 | 10+ |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| If you scored more than 5, your alcohol intake may harm your health. Please speak to one of the team. | | | | | | |

**Family History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has anyone in your **close family** been diagnosed with any of the following? (tick as appropriate) | | | | | |
| Heart Disease before 60y | Yes | No | Cancer | Yes | No |
| High Blood Pressure | Yes | No | Glaucoma | Yes | No |
| Heart Attack/Stroke/TIA | Yes | No | Asthma | Yes | No |
| Diabetes | Yes | No | Other: | | |

**Carers**

|  |  |  |
| --- | --- | --- |
| Do you have a carer, or are you a carer? Please provide details if yes: | Yes | No |

**Summary Care Records**

|  |
| --- |
| The NHS are changing the way your health information is stored and managed. The NHS summary care record is an electronic record of information about your health. For more information visit [digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients](https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients)  If you do not want to have a Summary Care Record, please provide an opt out, available from reception |

**Nominated Pharmacy**

|  |
| --- |
| We are able to send prescriptions electronically directly to a pharmacy of your choice. Please advise us which pharmacy you prefer: |

**Home Visits**

Please note, patients outside the following postcodes are not eligible for a home visit:

* Small Heath site: B9, B10, B11
* Finch Road/Lozells site: B6, B19, B20

By completing this form you agree to the above for all persons registered at the same address. Home visits are only available for housebound patients, at the GP’s discretion.

**Signed by patient: Date:**

Staff only –

Small Health patient add ‘General Practice Premises’ code.

Finch Road patient add ‘Physical Environment’ code.