MILTON SURGERY

New Patient Confidential Health Questionnaire

Title (e.g. Mr/Mrs/Miss/Ms/Other)	
Forename/s	
Surname	
Date of Birth (DD/MM/YYYY)	
Address	
City	
Postcode	
Mobile Number	
Landline Number	
Email	
Do you consent to receiving text messages from the surgery e.g. appointment reminders?	YES / NO
Do you consent to online prescriptions?	YES / NO
Gender at birth	
Current gender	
What do you like to be known as?	
Preferred pharmacy	
Emergency Contact / Next of Kin	
Emergency Contact / NOK Address	
Emergency Contact / NOK Telephone Number	
Do you care for someone?	YES / NO

Name and DOB of all patients at same address (continue on back page if required)	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

<u>Medical Problems</u> - Please list any medical problems you may have, have had or any operations (continue on back page if required):

Date diagnosed / date of operation	Medical Problem / Operation

Dr G Cameron
Dr M Roddin
Dr A Hayes

MILTON SURGERY
MOUNTCASTLE HEALTH CENTRE
132 MOUNTCASTLE DRIVE SOUTH
EDINBURGH
EH15 3LL
0131 549 7300
www.milton.gpsurgery.net

Dr S Johal
Dr A Deans
Dr Lally

<u>Personal / Family History</u> - Please circle if you, or a member of your family have any of the following:

Personal		Family	
Heart Disease (angina/heart attack)	YES / NO	Heart Disease (angina/heart attack	YES / NO
High Blood Pressure	YES / NO	High Blood Pressure	YES / NO
Asthma	YES / NO	Asthma	YES / NO
Other respiratory Disorder	YES / NO	Other respiratory Disorder	YES / NO
GI/Liver Disease	YES / NO	GI/Liver Disease	YES / NO
Diabetes	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Epilepsy	YES / NO
If yes, when was last seizure?		Thyroid Disease	YES / NO
Thyroid Disease	YES / NO	Psychiatric Disorder	YES / NO
Psychiatric Disorder	YES / NO	Infectious Disease	YES / NO
Infectious Disease	YES / NO	Stroke	YES / NO
Stroke	YES / NO	Arthritis	YES / NO
Arthritis	YES / NO	Cancer	YES / NO
Cancer	YES / NO		
Surgical Operations	YES / NO		

<u>Cervical Screening History</u> - If you had your smear out with the UK please provide evidence of this and bring it along with this form when you come in to register. If you are unable to provide this please let us know in the 'any other comments?' section:

Date of last smear	
Country where smear was taken	
Result and recall advice	
Any other comments?	

<u>Height & Weight</u>

Height in centimetres	cms
Weight in kilograms	kgs

<u>Allergies</u> - Do you have any allergies? If yes please list below (continue on back page if required):

Allergy	Severity (Please circle)
	Mild / Moderate / Severe
	Mild / Moderate / Severe
	Mild / Moderate / Severe

S<u>moking /Electronic Cigarette (e.g. Vapes)</u>

Do you smoke?	YES / NO
Have you ever smoked?	YES / NO
If you are a smoker, how many a day?	
Do you use electronic cigarettes?	YES / NO
If yes, how often?	

Alcohol - Please advise your usual average alcohol intake. 1 unit = 1 small glass of wine, half a pint of beer or a single measurement of spirits. It is advised that women drink no more than 14 units a week and men no more than 21 units per week

How many units of alcohol do you drink per week?	units

Exercise - Healthy exercise usually involves activity that usually lasts for at least 20 minutes, raises the pulse and produces hard breathing. In younger people this might be running, cycling, aerobics or swimming or for older people this may be a brisk walk. How often do you take this type of exercise?

How often do you exercise per week?	times per week

Medication - Are you taking any medication? If yes, please list below. It would be helpful if you could ATTACH YOUR REPEAT PRESCRIPTION list from your previous practice:

Name of Medication	Dose of medication	How many times a day is it to be taken?

Ethnicity - Please choose one answer which best describes your ethnic group. If your ethnicity is not listed please state below:

Black African	☐
Black British	☐
Black Caribbean	☐
Bangladeshi	☐
Chinese	☐
Gypsy / Romany	☐
Indian	☐
Northern Irish	☐
Pakistani	☐
Polish	☐
White British	☐
Other, please state	
Prefer not to say	☐

Do you require an interpreter / translator?	YES / NO
If yes, please specify the language required	