

LAUDERDALE MEDICAL PRACTICE

Dunbar Medical Centre, Queens Road, DUNBAR, EH42 1EE

NEW PATIENT QUESTIONNAIRE

First Name		Surname	
Address			
Date of Birth		Marital Status	
Telephone No's	Home	Mobile	
Occupation			
e-mail address			
Emergency Contact	Name	Phone No	Relationship

Please answer as fully as possible the questions below and sign.

Have you been registered with this practice before?	Yes/No*
Are you a Carer or are you Cared For?	Carer/Cared For*
Have you any current illnesses or medical conditions?	
Please list any previous illnesses or conditions that have needed hospital attention either as an out-patient or as an in-patient (please give dates where possible)?	
Are you on any regular medicines, sprays or tablets? Please list them and include their names, strengths and how often you take them?	
Do you have a preferred pharmacy?	
Are there any serious illnesses that run in your family? (eg Heart disease, strokes, diabetes, glaucoma.)	
Are you allergic to anything? Please list them.	
Do you smoke?	Yes/No* If yes, how many per day?
Have you ever smoked? Yes/No*	
If you are an ex-smoker, when did you stop?	
How many units of alcohol do you have per week? (1 unit = ½ pint of beer or lager, a glass of wine, or 1 short.)	
What regular exercise do you take?	

(For Women Only) When did you last have a Cervical Smear and what was the result?	
Do you have a physical, hearing or visual impairment?	
What other family members are already registered with/or are registering now?	
We have a text message system to remind patients of forthcoming appointments. If you do not wish to receive these reminders, please tick this box.	<input type="checkbox"/>
We use Patient Services for repeat prescription ordering and appointment booking. If you do not wish to receive registration details, please tick this box.	<input type="checkbox"/>
(For Office Use Only) Issued Patient Services application form, please tick box to confirm.	<input type="checkbox"/>

Ethnicity

What is your Ethnic group? Choose one section from A to E below, then tick the appropriate box to indicate your ethnic group.

A: White

British Scottish

Irish

Any other White background, please state _____

B: Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please state _____

C: Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please state _____

D: Black or Black British

Caribbean

African

Any other Black background, please state _____

E: Chinese or other ethnic group

Chinese

Any other, please state _____

Not stated

Is a translator required? Yes/No*	Language:
Signature	Date