

New Patient Questionnaire

It may take several weeks for your records to reach us from your previous GP. These questions will help us to provide good medical care for you during this time. ALL information is confidential.

APPLICANT DETAILS

Title	Mr / Ms / Mrs / Miss / Other
Name	
Address	
Mobile*	
Phone	
Date of Birth	
Email	

*We will contact you by mobile for appointment reminders unless you tick here:

If you use Arch as your address, pick letters up regularly or they will be returned to sender!

PREVIOUS ADDRESSES

Details of your previous addresses can help us retrieve medical information

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NEXT OF KIN DETAILS

Name	
Address	
Contact Number	
Relationship to You	

ETHNICITY

White-British	White & Black Caribbean	Indian	Black Caribbean
White-Irish	White & Black African	Pakistani	Black African
Gypsy/Traveller	White & Asian	Bangladeshi	Other Black Background
White-Other	Other Multiple Ethnicity	Asian	
Arabic	Other Ethnic Group		

First Language	
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CARER STATUS Are you caring for someone or does someone care for you? Yes No

My Carer is / I care for (please delete as applicable)	Name	
Address		
Contact Number		

A Carer is a person who is looking after, or is responsible for, the care of a relative, friend or neighbour whose health is impaired by old age, or who is mentally or physically disabled.

PLEASE NOMINATE A PHARMACY (Unless you pick up your prescriptions at Arch)

MEDICAL HISTORY

Please indicate whether you, or your close family, have ever suffered from any of the following:

	YOU	FAMILY (please indicate who)
High Blood Pressure		
Epilepsy		
Mental Illness		
Diabetes		
Asthma		
Stroke		
Heart Disease		
Cancer (please specify)		
Other (significant inherited problems)		

Please give details of any other significant illness or surgical operations

MEDICATION/DRUGS

Please list ALL medication you take (including the contraceptive pill) and any over the counter purchases from the chemist

ALLERGIES Please give details of any known allergies (medicines, food, insect bites, etc)

SMOKING Please indicate whether you have ever smoked

Currently smoke Never smoked Ex-smoker Date stopped smoking

DISABILITY Do you consider yourself to have a disability? No Mild Moderate Severe

Please give details

ENGAGEMENT WORKER Do you have an Engagement Worker, e.g. Justlife or St Mungo's? Yes No

Please give details

ONLINE ACCESS

If you would like access online, to request prescriptions and book appointments, please tick here:

(You must have put an email address on your applicant details)

