

## New Patient Questionnaire

We are a surgery commissioned to work solely with homeless and vulnerably housed people in Brighton and Hove – anyone securely housed will eventually be asked to register elsewhere

**ALL information given here is confidential**

### APPLICANT DETAILS

<b>Title</b>	<b>Mr / Ms / Mrs / Miss / Other</b>
<b>Name</b>	
<b>Address</b>	
<b>Mobile*</b>	
<b>Phone</b>	
<b>Date of Birth</b>	
<b>E-mail**</b>	

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

\*\* If you would like to request prescriptions/book appointments **online** please tick here:

**If you use Arch as a c/o address, pick up letters regularly or they will be returned to sender!**

### NEXT OF KIN DETAILS (A person's Next of Kin is their closest living relative)

**Name** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Address** \_\_\_\_\_

**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** \_\_\_\_\_

**CARER STATUS** (A carer is a person looking after/responsible for the care of a relative/friend/neighbour whose health is impaired by old age or who is mentally/physically disabled)

Are you caring for someone? **YES / NO** (if **Yes**, please ask us for a Carers Form to fill out)  
 Does someone care for you? **YES / NO** (if **Yes**, please complete their details below)

### CARERS DETAILS

**Name** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Address** \_\_\_\_\_



**PLEASE TELL US WHICH PHARMACY YOU USE** (please talk to reception if you would like to pick up prescriptions at Arch) \_\_\_\_\_

**MEDICAL HISTORY:**

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

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

Please give details of any other significant illnesses, injuries or surgical operations: \_\_\_\_\_

**MEDICATION:** Please list **ANY** medication you take (including the contraceptive pill and over the counter purchases from the chemist)

**DRUGS:** Please list **ANY** drugs you take without medical approval (e.g. opiates, benzos)

**ALLERGIES:** Please give details of **ANY** known allergies (e.g. medicines, food, insect bites, etc.)

**SMOKING:** Please tick your current smoking status

Currently Smoke  Never Smoked  Ex-Smoker  Date Stopped Smoking \_\_\_\_\_

If you are a current smoker, please tick here if you would like support quitting

**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 CLG) **YES / NO**

Please give details: \_\_\_\_\_

**ABOUT ARCH:** How did you find out about us? \_\_\_\_\_