New Patient Questionnaire

Strathesk Medical Practice
109/111 High Street
Bonnyrigg EH19 2ET
Tel: 0131 322 9333
Website: stratheskmedicalpractice.gp.scot

Name…………………………………….. Date of birth………………………..

Address…………………………………… M/S/D/Wid…………………………

Postcode…………………………………… Occupation………………………….

Tel no:……………………………….……….. Email address:……………………….

Our practice uses text messaging to send patients information regarding test results, appointments, fit note requests and any other information deemed suitable by the practice to communicate via text. Please tick the appropriate consent box below:

I give permission for Strathesk Medical Practice to send text messages to my mobile phone and I agree to let the practice know if I change my mobile number. ☐

I **do not** give permission for Strathesk Medical Practice to send text messages to my mobile phone. ☐

Do you have a carer? If so, please provide their name and telephone number:

……………………………………………………………………………………………………...

Please let us know your next of kin and their telephone number that we can contact in case of an emergency:

……………………………………………………………………………………………………

If you have appointed a Power of Attorney, please hand a copy of your Power of Attorney documents into the practice.

Have you or anyone in your immediate family suffered from any of the following:

YOU		**FAMILY HISTORY**	
Blindness/glaucoma	Y/N	Blindness/glaucoma	Y/N
Diabetes	Y/N	Diabetes	Y/N
Heart attack/angina	Y/N	Heart attack/angina	Y/N
Stroke	Y/N	Stroke	Y/N
Asthma	Y/N	Asthma	Y/N
High blood pressure	Y/N	High blood pressure	Y/N
Epilepsy	Y/N	Epilepsy	Y/N

Any operations or serious illnesses:

Smoking Status:

Current Smoker	Y/N
Ex- Smoker	Y/N
Never Smoked	Y/N

Medication (include contraception or HRT):

Allergies:

Previous Address:

Previous GP and Address:

LADIES:

Date of last cervical smear…………………. Result……………………

Have you ever had mammography Y/N Result……………………

Number of pregnancies……………………..

What is your ethnic group? Choose **one** section from A to E then tick **one** box which best describes your ethnic group or background, or if it is not shown, write it in the 'Other' section.

A: White

British	
Irish	
Scottish	
Other	

B: Mixed

White and Asian	
White and Black African	
White and Black Caribbean	
Other	

C: Asian or Asian British

Bangladeshi	
Indian	
Pakistani	
Other	

D: Black or Black British

African	
Caribbean	
Other	

E: Other

Chinese	
Other *Please state* …………………………..	

Do you need an interpreter or sign language support? Yes ☐ No ☐

If you need an interpreter, what language do you speak?

Please state ………………………………………………………………………………………..

If you do not wish to give this information, please tick here ☐