The Villages
MEDICAL CENTRE

The Villages Medical Centre
Send Barns Lane
Send, Woking
Surrey, GU23 7BP

Tel: 01483 226330
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NEW PATIENT QUESTIONNAIRE

WELCOME TO THE VILLAGES MEDICAL CENTRE

PLEASE SPARE A FEW MOMENTS TO COMPLETE BOTH SIDES TO ENSURE WE HAVE UP-TO-DATE INFORMATION ABOUT YOU

First Name:
Last Name:
Title: Mr/Mrs/Miss/Ms/Other
Date of Birth:
Address:

Post Code:

Telephone No:
Mobile No:
E-mail address:

Marital Status:

Next-of-kin:
Name:
Address:

Telephone No.

ETHNICITY *Please tick appropriate box*

□ British
□ Irish
□ Other White
□ White & Black Caribbean
□ White and Black African
□ White and Black Asian
□ Other Mixed Background
□ Indian or British Indian
□ Pakistani or British Pakistani
□ Bangladeshi or British Bangladeshi

□ Other Asian background
□ Caribbean
□ African
□ Other Black background
□ Chinese
□ Other
□ Ethnic category not stated

CARER

Do you look after someone?
Does someone look after you?

SMOKING *Please tick one box*

□ Never Smoked

□ Ex-Smoker
Year stopped smoking

□ Current Smoker _____ per day
Are you interested in giving up smoking?
YES/NO
If so, would you like us to contact you for advice and support? YES / NO

PLEASE LIST ANY ALLERGIES

CURRENT MEDICAL PROBLEMS

Do you suffer from any of the following?

If Yes, please enter year of diagnosis

	YES	NO
Asthma	☐	☐
Cancer	☐	☐
COPD	☐	☐
Heart Disease	☐	☐
Stroke/TIA	☐	☐
Diabetes	☐	☐
Epilepsy	☐	☐
Hypothyroidism	☐	☐
Hypothyroidism	☐	☐
Kidney Disease	☐	☐

CURRENT MEDICATION *Please list*

ALCOHOL CONSUMPTION

Please tick one box from each question

1. How often do you have a drink containing alcohol?

a. Never ☐
b. Monthly or less ☐
c. 2 - 4 times a month ☐
d. 2 - 3 times a week ☐
e. 4 or more times a week ☐

2. How many standard alcoholic drinks do you have on a typical day?

a. 1 or 2 ☐
b. 3 or 4 ☐
c. 5 or 6 ☐
d. 7 to 9 ☐
e. 10 or more ☐

3. How often do you have six or more drinks on one occasion?

a. Never ☐
b. Less than monthly ☐
c. Monthly ☐
d. Weekly ☐
e. Daily or almost daily ☐

PAST MEDICAL HISTORY

Please detail any pregnancies, operations or illnesses

FAMILY MEDICAL HISTORY

e.g. Asthma, Diabetes, Cancer, Hypertension, Epilepsy, Heart Disease, Stroke, Kidney Disease, Hypothyroidism and age of diagnosis

Father

Mother

Siblings

VACCINATIONS *Please list*

**** THE NAMED ACCOUNTABLE GP YOU WILL BE REGISTERED WITH WILL BE:- DR KAREN NEVIN**

SUMMARY CARE – A Summary Care Record will be made for you, but if you wish to opt out of this then please complete an SCR Opt-out form. You can either download this from the practice website www.thevillagesmc.co.uk or collect a copy from the surgery.

DATA EXTRACTION – If you wish to opt-out of Data Extraction please complete a Data Extraction form which can be downloaded from the practice website www.thevillagesmc.co.uk or collect a copy from the surgery.

Signature _____ Date _____