

# Beaumont Park Medical Practice - New Patient Questionnaire

Please complete in CAPITALS in black pen

Name: .....

Date of Birth: ..... Age ..... Tel No: .....

Occupation: ..... Mobile Phone No: .....

Ethnic Background: ..... First Language: .....  
(e.g. asian, black african, chinese, white, mixed white/african etc)

E-mail address.....Have you been registered here before? YES / NO

## Health History

Date	Illnesses, accidents or operations	Date	Illnesses, accidents or operations
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## Current Medicines – Name of drug, dose and frequency.

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Known Allergies.....

## Alcohol

Questions	Score:	0	1	2	3	4	Your Score:
How often do you have a drink that contains alcohol?		Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?		1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?		Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Scoring: A total of 5+ indicates hazardous or harmful drinking**

## Smoking status

Have you ever smoked? YES / NO    If Yes would you like help to stop? YES / NO

If yes – Do you smoke now? YES / NO    Cigarettes per day: .....    Pipe/cigars: .....

## Women Only

Cervical Smear (most recent test)

Date: ..... Result: ..... If not at GP surgery please specify: .....

## Carers

Are you a carer? YES / NO  
(Someone who regularly looks after or supports a person who is ill, disabled, frail or in need of emotional support)

A Summary Care Record (SCR) will be created for you unless you tell us otherwise.

Patient Signature..... Date.....