

## PALATINE GROUP PRACTICE NEW PATIENT QUESTIONNAIRE

These questions are to help your new General Practitioner to get to know you and your medical problems. All questions will be handled confidentially by the Practice team. Please complete as many questions as you can and estimate dates if you are not sure (please say if it is approximate). When you receive your medical card, it will show you as registered with a particular doctor. However, this is a group practice and you can ask to be seen by the doctor of your choice, provided, of course, that he or she is available.

Miss/Ms/Mrs/Mr/Other ..... Surname..... Former Name .....

Forename(s) ..... Date of birth .....

Home phone no:..... Daytime contact number ..... Mobile:.....

Which **ethnic group** do you belong to? (please tick one box ONLY)

- |                                                             |                                                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> White                              | <input type="checkbox"/> Asian or Asian British                    |
| <input type="checkbox"/> White British                      | <input type="checkbox"/> Indian                                    |
| <input type="checkbox"/> White Irish                        | <input type="checkbox"/> Pakistani                                 |
| <input type="checkbox"/> White European                     | <input type="checkbox"/> Bangladeshi                               |
| <input type="checkbox"/> White other (please specify) ..... | <input type="checkbox"/> Asian other (please specify) .....        |
| <input type="checkbox"/> Black or Black British             | <input type="checkbox"/> Chinese                                   |
| <input type="checkbox"/> Black Caribbean                    | <input type="checkbox"/> Greek                                     |
| <input type="checkbox"/> Black African                      | <input type="checkbox"/> Turkish                                   |
| <input type="checkbox"/> Black other (please specify) ..... | <input type="checkbox"/> Other Ethnic Group (please specify) ..... |

What is your **first language**? .....

Have you ever suffered from:

Blood Pressure problems	Yes/No	Asthma	Yes/No
Heart Attacks	Yes/No	Cancer	Yes/No
Strokes	Yes/No	Mental Health issues	Yes/No
COPD	Yes/No	Diabetes	Yes/No T1/T2

Other illness/condition you consider relevant .....

Do you consider yourself to have a physical disability? Yes/No (If yes, it would be helpful to have brief details):

Do you consider yourself to have a learning disability? Yes/No (If yes, it would be helpful to have brief details):

Do you have any family history of any of the following illnesses? (Please tick box if YES)

Diabetes  Heart Disease  Blood Pressure  Stroke  Asthma

Osteoporosis  Other illness you consider relevant .....

Have you had any operations? What and When? .....

What drugs/medicines or contraceptive pill are you taking? (Attach a copy of your 'repeat' slip if possible)

**Do you want your details to be included in the Manx Emergency Care Record?** YES/NO

**PLEASE CONTINUE QUESTIONS OVERLEAF**

How much do you smoke? Please tick ONE of the boxes below:

- Never smoked
- Ex-smoker: When stopped ..... How many did you smoke per day? .....
- Smoker: Amount per day: ..... cigarettes ..... pipe ..... cigars

How much alcohol do you drink?

Questions	Scoring System					Your Score
	0	1	2	3	4	
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 – 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

*Unit Guide: Pint of regular beer/lager/cider = 2 units. Alcopop or can of lager = 1.5 units. Single measure of spirits = 1 unit. Glass of wine (175 ml) = 2 units. Bottle of wine = 9 units.*

Do you take any exercise? Yes/No What kind?..... How many times per week? .....

Which of these describes your normal diet?

- Meat eater                       Vegetarian                       Vegan
- Low fat                               High fat                               Low calorie
- Low fibre                               High fibre

What is your height? ..... What is your weight? .....

Women only: Have you ever had an abnormal smear? Yes/No When?.....

Women only: As far as you know, are you pregnant at the moment? YES/NO

If yes, what is your estimated date of delivery?..... How many previous children? .....

**Declaration:** I declare that to the best of my knowledge the information contained in this form is true and accurate. I understand that personal details about me will be held in both electronic and paper form at Palatine Group Practice in connection with my healthcare, and that all such information will be held in compliance with the requirements of the Data Protection Act 2002.

**Signed:** ..... **Date:** .....

**OFFICE USE ONLY – TO BE COMPLETED BY PRACTICE STAFF:**

Received: date: ..... initials: .....

Photo ID: passport/driving licence/bus pass/student ID card/Other (specify) .....  
Valid until: ..... Name same as application: YES/NO

Utility Bill: Company ..... Date of bill/statement .....  
Address same as application: YES/NO

Alcohol questions score: (score of 5 or above) second questionnaire given/sent date: .....