BENBECULA MEDICAL PRACTICE, BENBECULA, WESTERN ISLES HS7 5QA
Telephone 01870 602215 email wi.benbecula@nhs.scot

NEW PATIENT QUESTIONNAIRE (OVER 16)

TODAY'S DATE:

Surname:	Forenames:	
Previous name:	D.O.B.	
Telephone:	Mobile	email:
Address:	Previous address:	Previous GP:

PERSONAL AND MEDICAL HISTORY Please give dates where possible.

- Please list any long-term medical problems, serious illnesses or operations you have had, including dates, where known:

- Are you on medication? Attach a list if available. Include the names and strength of medication.

- Do you have any allergies? What are you allergic to?

- Do you have any disabilities, hearing or eyesight problems, or special communication needs?

- Do you need an interpreter? If so, which language?

- Have you ever had a blood transfusion? Please tell us which year this took place.

- Are you a carer for someone? Y/N
- We have a carer's register so we can direct support to you. Would you to be added to the register? Y/N
- Do you smoke? Y/N Are you an ex-smoker? Y/N
- Do you drink alcohol? Y/N How many units of alcohol do you drink each week?

PLEASE TURN OVER

FOR WOMEN ONLY:

How many pregnancies have you had, including miscarriages?

Date Type of delivery & any problems boy or girl?

1

2

3

4

What was the date of your last smear? What was the result?

Are you using any contraception? Please state type and method so we can continue to provide this

FAMILY HISTORY

We are interested in your closest relatives: parents, brothers, sisters and children

Have any of your close relatives had any heart disease, including heart attacks, heart failure, angina, stents or heart bypass surgery before the age of 65? **Y/N**

Have any of your close relatives had diabetes, including type 2 diabetes? **Y/N**

Have any of your close relatives had ovarian cancer? **Y/N**

Have any of your close relatives had bowel cancer before the age of 55? **Y/N**

Do you have one or more relatives who has had breast cancer? **Y/N**

Do you have a learning disability	☐	Do you have Power of Attorney in place?	☐
Do you have memory problems or dementia?	☐	Do you have a welfare guardian?	☐
		Do you have an advanced care directive?	☐

KEY INFORMATION SUMMARY (KIS)

The KIS allows us to share important information with the ambulance service, emergency medical services, hospital admissions, and NHS24. This can include emergency contact numbers, and serious illnesses. Is there anything important we should add to your Key Information Summary?

Please hand the completed form to the surgery. All patients are entitled to a registration medical; please ask for an appointment. If you are aged between 40 and 70, and otherwise well, you can arrange a health screening check including a cholesterol test.

HAVE YOU GOT A COPY OF OUR PRACTICE LEAFLET?

Please ask for one. Did you know we have an excellent website? Online services, self-referral and advice, all available online at: www.benbeculamedicalpractice.co.uk

PATIENT PARTICIPATION GROUP:

We have a group for patients to get involved in improving our services and to represent patients. Please leave your details at reception and we will put you in contact.