

Kilbirnie

Medical Practice

Kilbirnie Health Centre
2-4, Kirkland Road, Kilbirnie,
North Ayrshire, KA25 6HS
Tel. 01505 683591
Fax. 01505 681512

NEW PATIENT QUESTIONNAIRE

CONTACT DETAILS

Name _____ Date of Birth _____

Address _____ Postcode _____

Please provide the following details. We will only use these contact details if you agree by ticking the box.

Home telephone number (tick if you agree to contact by this method)

Work telephone number (tick if you agree to contact by this method)

Mobile telephone number (tick if you agree to contact by this method)

Email address (tick if you agree to contact by this method)

NEXT OF KIN

Name _____ Phone _____

Relationship _____ Address _____

Additional notes re next of Kin _____

Emergency contact (*if different from above*)

Name _____ Phone _____

Relationship _____ Address _____

POWER OF ATTORNEY/STATE WELFARE GUARDIANSHIP

Do you have a named person who has Power of Attorney/Welfare Guardianship for you? Yes No

Name _____ Relationship _____

Contact Number _____ Address _____

Carer Details

Do you have a carer? (please tick the appropriate box) Yes No

Please give carer details if you are happy for us to contact them on your behalf.

Are you a carer? (Please tick the appropriate box. If yes please complete line below) Yes No

I am a carer for the following people:

Name _____ Address _____

SUPPORT AT APPOINTMENT

Do you have any learning difficulties? _____

Do you need a translator/interpreter? _____

Do you require a hearing loop? _____

HOUSEHOLD

Do you live alone? _____

Who do you live with? (It is helpful for us to know who else is in your household when it comes to change of address, phone number, sudden illness etc)

SOCIAL HISTORY

Are there any vulnerable children in your household or ones in child protection? _____

Name _____ DOB _____ Relation _____

MEDICAL HISTORY

Height _____ ft _____ ins Weight _____ st _____ lbs

Do you smoke? _____ Have you ever smoked? _____ Ex smoker? (year stopped) _____

How many cigarettes /cigars per day _____ How many oz per week _____

(If you are a smoker, we would like to remind you it is important to stop – we are happy to offer help and advice in this regard.)

Do you drink alcohol? _____ How many units per week? _____

(1 bottle spirits =32 units, 1 can ordinary lager =2.5 units, 1 bottle wine = 10 units, 1 can strong lager or cider = 4 units, 1 litre cider = 8-10 units, 1 bottle tonic wine = 12 units. The maximum safe consumption per week is 14 units for women and 21 units for men)

Have you ever injected drugs? _____ Are you currently injecting drugs? _____

Do you have any allergies or intolerances, including medication? (If yes please list below)

Allergies:

What, if any, medication do you take regularly? Please list medicines that you take:

Name of medicine	Dose (e.g. 10 mg)	Frequency

What medicine are you taking that you can get over the counter/herbal?

Do you have any medical conditions? Please list any illnesses you have had or still have?

Medical condition or operation	Year

Family History: do any diseases or medical conditions run in the family?

Type of illness (e.g. diabetes)	Relationship (e.g. brother)

WOMEN ONLY

Women only – number of pregnancies _____ Number of births _____
Name of child _____ Date of birth _____

Date of your last smear test _____ Result _____

Do you use any of the following methods of contraception? (*please tick*)

IUCD/Coil When was it fitted? _____

Implanon When was it fitted? _____

ETHNICITY & SEXUALITY

What is your sexuality? (Please tick the appropriate box)

Heterosexual Bisexual Gay Man Lesbian/Gay Woman Transgender Gender reassignment

Gender _____ What is your ethnicity _____

Are you a migrant or refugee? _____

OTHER

Employment Status – Are you employed/student/retired/unemployed? (Please delete as applicable)

In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

Emergency Care Summary (ECS)*

As part of routine care, an electronic summary of your medical record is normally made available to the out of hour's service which can then be accessed in an emergency.

If you object to this, please tick the box and we will disable your summary

* This is used for emergency care and allows other health professionals to know about important problems. **We strongly recommend that you do not ask to have this disabled.**

If any of these details change while you are registered with us, please try to let us know.

We hope you find the services we offer to your satisfaction.

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