



TALBOT GREEN GROUP PRACTICE

Newpark Surgery Talbot Green CF72 8AJ Tel: 01443 220320
Gwaunmiskin Road Surgery CF38 2AU Tel: 01443 219810

NEW PATIENT QUESTIONNAIRE

Before we can accept you as a permanent patient please sign and return your medical card along with this questionnaire to the surgery. If you are a new resident to the UK you must produce your passport and visa/contract of employment. All questions contained in this questionnaire are strictly confidential and will become part of your medical records.

TITLE		DOB
SURNAME		PREVIOUS NAMES
FORENAMES		
MARITAL STATUS	SINGLE MARRIED	PARTNERED DIVORCED
		SEPARATED WIDOWED
WHO LIVES WITH YOU?		
HAVE YOU EVER SERVED IN THE ARMED FORCES?		
YES	ENLISTMENT DATE	DISCHARGE DATE
NEW FULL ADDRESS 		
POST CODE		
HOME TEL	WORK TEL	MOBILE

PREVIOUS DETAILS
HOME ADDRESS

POST CODE

DOCTORS NAME & ADDRESS

POST CODE

TEL NUMBER

IF YOU ARE TAKING ANY MEDICATION PLEASE PROVIDE A LIST OF YOUR REPEAT, OTHERWISE A ROUTINE APPOINTMENT WITH OUR GP WILL BE NECESSARY.

**DO YOU HAVE ANY DISABILITIES THE PRACRICE NEED TO KNOW ABOUT?
EXAMPLE: MOBILITY ISSUES, HEARING OR VISUAL IMPAIRMENT.**

PLEASE LIST ANY ALLERGIES YOU MAY HAVE

PLEASE TICK IF YOU OR A FAMILY MEMBER HAS ANY OF THE FOLLOWING:

YOU	FAMILY MEMBER
DIABETES	DIABETES
ASTHMA	ASTHMA
COPD	COPD
STROKE	STROKE
HEART DISEASE	HEART DISEASE
HIGH BLOOD PRESSURE	HIGH BLOOD PRESSURE
EPILEPSY	EPILEPSY
THYROID PROBLEM	THYROID PROBLEM
MENTAL HEALTH	MENTAL HEALTH

DO YOU SMOKE?

PLEASE TICK:

SMOKER	EX-SMOKER	NEVER SMOKED
HOW MUCH?	STOPPED WHEN?	

DO YOU DRINK ALCOHOL?

HOW MANY UNITS A WEEK?

DO YOU HAVE A SPECIAL DIET?

HOW OFTEN DO YOU EXERCISE?

WHAT IS YOUR HEIGHT?

WHAT IS YOUR WEIGHT?

HAVE YOU EVER HAD A CERVICAL SMEAR?

WHEN WAS YOUR LAST CERVICAL SMEAR?

IF YOU HAVE ARRIVED FROM OUTSIDE UK OR NORTHERN IRELAND PLEASE

SUPPLY HISTORY OF SMEAR RESULTS FOR US TO COPY FOR YOUR NHS RECORD.

IF YOU HAD YOUR BLOOD PRESSURE TAKEN RECENTLY, WHAT WAS THE READING?

**IF YOU HAVE ANY FURTHER INFORMATION YOU WOULD LIKE TO SHARE WITH US,
PLEASE WRITE HERE:**

Signature

Date

