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NEW PATIENT QUESTIONNAIRE

Please fill in this information **before** you come in for your New Patient appointment. Please bring any tablets you are on with you and if you have an old repeat prescription slip from your last surgery please bring that too.

Medication

Please be aware that you will need to see one of the Partners of the surgery to review your medication before any further medication is prescribed.

Surname: First name: Date of birth.....

Address:.....

.....post code.....

Telephone no:
 (home).....(work).....mobile).....

ETHNIC CATEGORY

		Please tick
White	British	
	Irish	
	Other White	
Mixed	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Other Mixed	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Sri Lankan	
Black/Black British	Korean	
	Black Caribbean	
	Black African	
Other Ethnic	Other Black	
	Chinese	
	Other Ethnic Category	

Occupation:

Weight:

Height:

Allergies:

Next of kin:

Carer: (do you care for anyone or does anyone care for you?)

.....

Are you a smoker? YES / NO

If the answer is no, have you smoked in the past?

How many cigarettes did you smoke in the past per day?

When did you stop?

If the answer is yes, now many do you smoke daily?

Do you use any recreational drugs? YES / NO

Alcohol: how many units do you drink per week?

(a unit is a small glass of wine, half a pint of beer or one measure of spirits)

Do you have any particular diet?

(e.g. vegetarian, weight reduction etc.)

Exercise: Do you take any exercise?

If so what do you do?

(e.g. walking, swimming etc.)

How often do you exercise?

Illness: Does anyone in your family have heart disease, stroke, asthma, cancer?

Does any other disease run in your family?

For children only:

Please bring vaccination record book to appointment.

For women only:

Have you had a cervical smear in the past? YES / NO

If so when was this and what was the result?

Are you using any contraception at the moment?

Have you ever had a rubella vaccination, if so when?