

## Harcourt Medical Centre New Patient Questionnaire

[www.harcourtmedical.co.uk](http://www.harcourtmedical.co.uk)

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Welcome to Harcourt Medical Centre. To help us plan your care please complete this confidential questionnaire and return to our reception team with photographic ID and two proofs of address – dated within the last 3 months.

### Personal Details

Title – Please Circle	Mr	Mrs	Ms	Other:
First Name(s) – include middle names				
Surname				
Previous Surname				
Date of Birth				
First Spoken language				
Occupation				

### Marital Status – Please tick

Single	<input type="checkbox"/>	Married/Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

### Contact Details

Address including postcode			
Home phone number			
Mobile phone number			
Work phone number			
Preferred phone contact number (circle)	<b>HOME</b>	<b>MOBILE</b>	<b>WORK</b>
Email address			

### Next of Kin

Next of Kin name	
Relationship to you (e.g., wife/mother)	
Next of Kin contact details (address and telephone)	

### Communication preferences

Do we have your permission to contact you by <b>email</b> ? If not please write 'OPT OUT'	
Do we have your permission to contact you by <b>text message</b> ? If not please write 'OPT OUT'	
Please select your preferred contact method (Circle)	<b>Text Message</b> <b>Telephone</b> <b>Email</b> <b>Letter</b>
If you have any additional communication needs, please let us know here:	

## Health Record Sharing

**When you need medical help it is essential that NHS services can securely access your health record.**

For further information, please see: [www.nhs.uk/NHSEngland/thenhs/records](http://www.nhs.uk/NHSEngland/thenhs/records)

Do you consent to your GP health record being made available to other NHS care services that care for you?	Yes (recommended)		No, except in an emergency		Never
Do you consent to your GP Practice viewing your health record from other services that care for you?	Yes (recommended)				Never

### Ethnicity (optional – please select one)

White or mixed British		White or mixed Irish	
Other white background		Black African	
Black and white African		Black Caribbean	
Black and white Caribbean		Other black background	
Chinese		Turkish	
Indian		Baltic Estonia/Latvian/Lithuanian	
Pakistani		North African	
Other Asian background		Other (specify):	

### Military

**If you are a member of the armed forces, a veteran, or a family member, the Armed Forces Covenant offers a wide variety of support to ensure you are being treated fairly.**

Are you a military veteran?	<b>YES</b>	<b>NO</b>
Is your husband/wife/partner serving in the armed forces?	<b>YES</b>	<b>NO</b>
Are you a Carer for a veteran/serving member of the armed forces	<b>YES</b>	<b>NO</b>

### Carers

**If you are involved in the long-term care of a relative or other patient, please consider joining our carers register – please enquire at reception**

**Do you suffer from any of the following illnesses?** (Please circle your answer)

- Heart disease Y / N
- Raised blood pressure (hypertension) Y / N
- Stroke or TIA Y / N
- Asthma Y / N
- COPD (emphysema or chronic bronchitis) Y / N
- Type 1 Diabetes Y / N
- Type 2 Diabetes Y / N
- Thyroid disorders Y / N
- Epilepsy Y / N
- Mental health problems including depression Y / N
- Kidney Disease Y / N

**Do you have any other serious illnesses?** Y / N

If yes, please specify:

**Allergies** – please let us know if you have any known allergies:

**Are you taking regular medication?** If so please detail below or attach a copy of your repeat prescription slip:

**Pharmacy:** Please state the name and branch of the Pharmacy that you would like to process your prescriptions (via NHS Electronic Prescription service):

Health Questionnaire	
Height	
Weight	
Smoking	
Smoking status – please indicate:	“I am a smoker”
	“I am an ex-smoker”
	“I have never smoked”
	“I vape or use an e-cigarette”
If you used to smoke, when did you stop?	
If you smoke, how much do you smoke per day?	
Stopping smoking is one of the best things you will ever do for your health. <b>If you are interested in quitting, please contact us for a smoke stop appointment.</b>	

Alcohol – please answer honestly, based on the past years’ consumption			
How many units of alcohol do you drink per week? (see below)			
How often do you drink alcohol (please tick)	Never		Monthly or less
	2-4 times a month		2-3 times per week
	4 or more times a week		
How many units of alcohol do you usually drink on a single occasion (please tick)	N/A		1-2
	3-4		5-6
	7-9		10 or more
	N/A		Never
How often have you had 6+ units of alcohol if female, of 8+ if male, on a single occasion? (please tick)	Less than monthly		Monthly
	Weekly		Daily or almost daily

 <b>1 UNIT</b> Single shot of spirits (25ml, ABV 40%)	 <b>1.5 UNITS</b> Alcopop (275ml, ABV 5.5%)	 <b>1.5 UNITS</b> Small glass of red / white / rosé / sparkling wine (125ml, ABV 12%)	 <b>2 UNITS</b> Can of beer, ale, lager or cider (440ml, ABV 5.5%)
 <b>2.1 UNITS</b> Standard glass of red / white / rosé / wine (175ml, ABV 12%)	 <b>3 UNITS</b> Pint of beer, ale, lager or cider (568ml, ABV 5.2%)	 <b>3 UNITS</b> Large glass of red / white / rosé / wine (250ml, ABV 12%)	 <b>9 UNITS</b> Bottle of red / white / rosé / sparkling wine (750ml, ABV 12%)