

**CASTLEGATE SURGERY**

**NEW PATIENT HEALTH QUESTIONNAIRE**

Welcome to Castlegate Surgery. In order to complete your registration, please complete this questionnaire. If you are aged over 40 and **NOT** on any medication we would ask that you make an appointment with our Health Care Assistant to have a new patient health check. Please allow us 48 hours to process your registration before making the appointment.

**PATIENT DETAILS**

Date: .....  
Name: .....  
DOB: .....  
Home Tel No: .....  
Mobile Tel No: .....

**TEXTING**

We offer a texting service reminding patients 48 hours in advance of their appointment and giving them the opportunity to text us back CANCEL if the appointment is no longer required.  
If you **DO NOT** wish to utilise this service, please tick the box €

**MEDICATION**

If you **ARE NOT** on any medication, please (✓) this box €  
If you **ARE** on medication:  
a) Please provide us with proof of your medication (either the repeat order part of your last prescription or the actual packaging)  
b) (✓) here to be sent registration details for on-line ordering €

**PERSONAL DATA**

Weight: ..... st/kg Height: ..... ft/cm  
Marital status: .....  
Ethnic origin: .....  
Full Name of Next of kin:.....  
Relationship of Next of kin:.....  
Contact No: .....  
Do you have/Are you a carer? Yes / No (circle as apl)

**FAMILY HISTORY**

**Give family member & their age at diagnosis.**

	<u>Family Member</u>	<u>Age</u>
<input type="checkbox"/>	Heart disease	.....
<input type="checkbox"/>	Diabetes	.....
<input type="checkbox"/>	Stroke	.....
<input type="checkbox"/>	Cancer	.....
<input type="checkbox"/>	Asthma	.....

**LIFESTYLE QUESTIONS**

**Smoking**

Do you Smoke? Yes / No / Never (circle as applicable) If yes, how many per day? .....

Would you like Smoking Cessation Advice? Yes / No (circle as applicable)

Ex-smoker? Please state when you gave up: .....

**Spirits 25ml/single = 1 unit  
Wine 175ml = 2.3 units / Wine 250ml = 3.3 units  
Beer Pint = 2.3 units  
Cider = 2.6 units**

**Diet**

Vegetarian / Vegan / Low Fat / Diabetic / Weight Reducing / Well Balanced / other (specify) .....(circle as applicable)

**Alcohol**

Number of units per week: .....

**Exercise**

How much exercise do you do? Avoid exercise / Light Exercise / Heavy Exercise (circle as applicable)

Comments:.....