The Langton Medical Group
"Learning From Caring"

New Patient Questionnaire- Adult

Personal Details

Surname:			
Forename(s):			
Date of Birth:			
Address:			
Post Code:		Telephone No.	
Mobile No:		Occupation:	

Are you housebound? (Please tick) Yes ☐ No ☐	Are you a carer? Yes ☐ No ☐ *see below Are you cared for? Yes ☐ No ☐
Are we able to contact you by SMS text? Yes ☐ No ☐	Are you a Military Veteran? Yes ☐ No ☐

Do you have any specific disabilities or access needs; we need to be aware of?

Do you have any communication requirements? E.g. Hearing loop. If so, please state:

Ethnicity & Language

The Government has requested that we record the ethnicity and first language of all of our patients. Please tick the category which best describes you:

White British ☐	Mixed British ☐	Other Black Background ☐	White and Asian ☐
White British and Black Caribbean ☐	Chinese ☐	Other mixed Background ☐	Other Asian Background ☐
White and Black African ☐	Caribbean ☐	Pakistani or British Pakistani ☐	
Other White Background ☐	African ☐	Indian or British Indian ☐	

Other ethnicity not listed above:	
What is your first language?	
If not English, do you require a translator?	

Family History (Parents, brothers, sisters or children)

Asthma	Stroke	Bowel Cancer	Breast Cancer
Diabetes	Heart trouble	High Cholesterol	

Other inherited disease (please state):	

*This is to enable us to support you as a Carer. For example inviting you in for immunisations which you would not receive if we did not know you were a Carer. It is not about whether you receive Carers Benefits or not.

Lifestyle

How much do you weigh?		What is your height?	

EXERCISE - Please tick which category best describes you:

Avoid exercise ☐	Aerobic exercise twice a week ☐
Aerobic exercise once a week ☐	Aerobic exercise more than 3 times per week ☐
Light exercise (no noticeable change in breathing pattern) ☐	

SMOKING	Do you smoke? If Yes, how many per day? ……. Have you ever smoked? Yes ☐ No ☐ Date ceased smoking approx ……..
	Do you use an E-Cigarette? Yes ☐ No ☐
ALCOHOL	How many units of alcohol do you drink per week? ……. Guide to units: Bottle of wine = 9 Pint of regular beer = 2 Alco pop or can of lager = 1.5 Glass of wine = 2 Single measure of spirits = 1

How often do you have a drink containing alcohol? Please tick which one best describes you

Never ☐	Monthly or less ☐	2-4 times a month ☐	2-3 times a week ☐	4+ times a week ☐

How many drinks containing alcohol do you have on a typical day when you are drinking?

1-2 drinks ☐	3-4 drinks ☐	5-6 drinks ☐	7-9 drinks ☐	10 or more drinks ☐

How often do you have 6 or more drinks on one occasion?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily/almost daily ☐

Illness, Drugs and Treatment

Please nominate a pharmacy, for prescriptions to be sent to ……

If you are on repeat medication please attach a copy of your repeat prescription slip. This is available from your pharmacy or previous GP Surgery.

Please give details of any important illnesses or operations you have had. Please include any dates.

Do you have any allergies? Yes ☐ No ☐

If Yes, please tell us about your allergy/allergies:

The practice has a web based patient participation group, if you would like to participate please check our website for information and updates.

Thank you for taking the time to complete this questionnaire.

Welcome to the Langton Medical Group!