

The Green Medical Practice

New Patient Health Questionnaire

Welcome to our practice in Clydebank. We would be grateful if you could spend some time answering the following questions about your health. This will allow for us to best plan your health needs and provide continuity of care until we receive your own records. **Thank You**

Mr/Mrs/Miss/Ms Other	Name	Date of Birth
Telephone Text		Single/Married/ Divorced/ Widowed
White: Scottish Other British Irish Any other white background(specify) Mixed: Any other mixed background (specify) Asian, Asian British: Indian Pakistani Bangladeshi Chinese Other Asian(specify) Black, Black British: Caribbean African Any other black background (specify) Other Ethnic Background (specify) Prefer not to say		
Next Of Kin:		Relationship: Tel:

Past and Current Medical History (Please include any operations/illnesses – continue on the back if needed)

Date	Problem

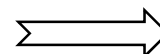
Family Medical History If Known (especially High Blood Pressure, Diabetes, Asthma, Heart Attacks, Strokes, Epilepsy – or hereditary diseases – this will help us plan your own care in future)

Relative	Problem	Age (when Problem 1st Diagnosed)

Allergies to medicines foods etc. (Please indicate the name of the substance **and** how it effects you.)

Are you a smoker? Yes/No/Ex Number of Cigarettes (or other) per day?_____	
Alcohol Intake- _____Units per average week (1 unit = half pint beer/ 1 glass wine/ one short approx.)	
Height	Weight

Please turn over the page to read and complete the medication section



Veteran Status

- A **‘veteran’** is defined as anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

Are you a Veteran Yes ☐ No ☐

Current Medication

Medicine Name	Medicine strength (e.g. 10mg)	Taken How Often?

All new patients prescribed **opiates** like codeine, co-codamol, dihydrocodeine tramadol and morphine, and **sedatives** and **sleeping tablets** like diazepam, temazepam, zopiclone and promethazine; unless for palliative care or under direct supervision of a psychiatrist, **will be entered onto a safe reduction and stop program.**

The practice does not prescribe methadone, but the local Addictions Team provides that service.

Previous GP Practice

Name _____

Address

Telephone _____

I give consent for a summary sheet to be requested from my previous practice.

Signed

Date