

## BROWNLOW GROUP PRACTICE – NEW PATIENT MEDICAL

Welcome to our Practice. To ensure that you receive the best possible care it is important that you complete the following questionnaire .

NAME: .....  
DATE OF BIRTH .....  
TEL NO: .....  
MOBILE NO: .....  
EMAIL: .....  
Signature of consent for practice to contact via email: .....

OCCUPATION: .....  
ETHNIC ORIGIN: .....  
RELIGION: .....  
LANGUAGE: .....  
INTERPRETER NEEDED: Yes ☐ No ☐

NEXT OF KIN (NAME/ADDRESS/TEL NO): .....

Are you a carer? Yes ☐ No ☐ Do you have a carer? Yes ☐ No ☐  
Are you a student at: University of Liverpool ☐ JMU ☐ Other Uni/College ☐  
Start date of course: Finish date of course:

### Smoking

Never smoked ☐  
Current smoker ☐ How many per day? .....  
Ex-smoker ☐ Date stopped? .....  
How many did you smoke per day? .....

### Alcohol

Do you drink alcohol? Yes ☐ No ☐  
How many units per week? .....

Height: ..... Weight ..... How many exercise sessions per week do you do? .....

Any significant family history of illness? .....  
.....  
.....  
.....

Do you have any drug allergies or severe allergic reactions? Please give details. ....

Any ongoing medical problems or serious illnesses in the past? (Please include things such as Asthma, Diabetes, thyroid problems etc and any operations) .....

Do you take any medication? Yes ☐ No ☐ Please give details: .....

For over 45's only: Have you had any broken bones since aged over 45? Yes ☐ No ☐

**For Women Only:** Have you had a hysterectomy? Yes ☐ No ☐

Usual method of contraception? .....

When was your last smear taken? ..... Where was it taken? .....

What was the result? ..... When is your next test due? .....