

Out of Area Patient Questionnaire (Existing Patients)

As part of our Out of Area registration process please complete this questionnaire.

FULL NAME (Mr, Mrs / Miss / Ms): *

DATE OF BIRTH: *

NATIONALITY: *

ADDRESS: *

*

POST CODE: *

PLEASE SUPPLY DETAILS BELOW THAT WE CAN USE TO CONTACT YOU

HOME TELEPHONE NO: *

MOBILE: *

WORKS NO: *

EMAIL ADDRESS: *

NEXT OF KIN NAME & TELEPHONE NO: *

Marital Status: *

What is your Occupation: *

PLEASE STATE YOUR PREFERRED METHOD OF CONTACT: TEXT EMAIL LETTER

Do you have any Allergies? *

Family History:

Is there any history of the following in your family (father, mother, brother or sister)

	Yes/No	Family Member	Age of Onset
Heart Disease? (heart attacks, angina)	Yes/No		
Stroke?	Yes/No		
Hypertension?	Yes/No		
Diabetes?	Yes/No		
Cancer?	Yes/No		
Site of Cancer?-----			

Health Background:

Do you Smoke? YES/NO How many per day?.....

If "no" have you ever Smoked? YES/NO When did you stop?.....

Do you drink Alcohol? YES/NO

If "yes" how much do you drink per week? Pints of Beer: *

Glasses of Wine/Sherry: * Measure of Spirits: *

Please indicate your Ethnic Group

White

- White British
- White, Irish
- Irish Traveller
- Gypsy / Romany
- White, Other (please write in)
-

Black or Black British

- Black, Caribbean
- Black, African
- Black, Other (please write in)
-

Mixed

- Mixed, White & Black Caribbean
- Mixed, White & Black African
- Mixed, White & Asian
- Mixed, Other (please write in)
-

Other Ethnic Group

- Chinese
- Other, Ethnic Group (please write in)
-

Asian

- Asian, Indian
- Asian, Pakistani
- Asian, Bangladeshi
- Asian, Other (please write in)
-

Not Stated

- Not Stated

PLEASE STATE YOUR 1ST SPOKEN LANGUAGE by ticking alongside the language below.

English		Luganda	
Akan (Ashanti)		Malayalam	
Albanian		Mandarin	
Amharic		Norwegian	
Arabic		Pashto (Pushtoo)	
Bengali		Patois	
Brawa		Polish	
Cantonese		Portuguese	
Creole		Punjabi	
Czech		Romanian	
Dutch		Russian	
Ethiopian		Serbian/Croatian	
Farsi (Persian)		Shona	
Finnish		Sinhala	
Flemish		Slovak	
French		Somali	
Gaelic		Spanish	
German		Swahili	
Greek		Swedish	
Gujerati		Syiheti	
Hakka		Tagalog (Filipino)	
Hausa		Tamil	
Hebrew		Telugu	
Hindi		Thai	
Hungarian		Tigrinya	
Igbo (Ibo)		Tswana	
Indonesian		Turkish	
Italian		Urdu	
Japanese		Vietnamese	
Korean		Welsh	
Kurdish		Yoruba	
Latvian			
Lingala		Other (please state below)	
Lithuanian			