



PLEASE COMPLETE CLEARLY IN BLOCK LETTERS.

All new patients are requested to complete a health questionnaire. It helps us to understand you better prior to your full medical records arriving from your previous doctor.

All information given on this form is kept strictly confidential and revealed to no-one without your permission.

<http://www.guildowns.nhs.uk>
<http://portal.surrey.ac.uk/scs/health/hc>

The Oaks Surgery
Applegarth Avenue
Guildford GU2 8LZ

Wodland Avenue Surgery
91/93 Wodland Avenue
Guildford GU2 4YP

Stoughton Road Surgery
2 Stoughton Road
Guildford GU1 1LL

Guildowns University Medical Centre
University of Surrey
Guildford GU2 7XH

Tel: 01483 409309

About Yourself

Surname (Family Name)	<input type="text"/>	All Other Names	<input type="text"/>
Title	<input type="text"/>	Gender	<input type="checkbox"/>
		Marital Status	<input type="text"/>
			Date of Birth <input type="text"/> <input type="text"/> <input type="text"/>
		eg Single, Married, Separated, Widowed	(Day) (Month) (Year)
Any Previous Surname (Family Name)	<input type="text"/>	Main Language	<input type="text"/>
Town and Country of Birth (If London, Area Required)	<input type="text"/>	If from abroad - visa expiry date/duration of stay	<input type="text"/>
Guildford or Student Lodging Address	<input type="text"/>		
	House Name or No.	Road	
	Town		Post Code
	Is this address a residential care home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your House Tel. No.	<input type="text"/>	Mobile Tel. No.	<input type="text"/>
E-Mail Address	<input type="text"/>		
Emergency Contact (Name and Relationship)	<input type="text"/>		
UK Tel No: if possible	<input type="text"/>		
Are you or do you have a carer	I am a carer <input type="checkbox"/>	I have a carer	<input type="checkbox"/>
Name and address of Previous UK Doctor	<input type="text"/>	Your Last Address you had when with this Doctor	<input type="text"/>
If Born Outside of UK			
Date First Entered UK	<input type="text"/>	Have you had a Doctor since entering the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of Previously Leaving UK and Returning (if applicable)	<input type="text"/>	Any other permanent address you have had in the UK	<input type="text"/>

Surrey University Students ONLY

Name of University Department	<input type="text"/>	Student ID No.	<input type="text"/>
		University E-Mail Address	<input type="text"/>
Course Start Date	<input type="text"/>	End Date	<input type="text"/>
Have you had MMR booster	Yes <input type="checkbox"/> No <input type="checkbox"/> Approx date <input type="text"/>	Have you had Men C vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Approx date <input type="text"/>

If you are returning from the Armed Forces

Your Address before enlisting

Service or Personnel No.

Enlistment Date

Leaving Date

Please ATTACH your signed Medical Form FP53 to release your medical records

Your Current Health (Patients over 15 years ONLY)

Height

Do you Drink Alcohol?

Yes

No

Weight

Have you Ever Smoked?

Yes

No

Do you Currently Smoke?

Yes

No

How many per Day?

How much alcohol per Week?

Please Answer in 'Units', where 1 unit = Half a Pint of Beer, a Glass of Wine or a Single Measure of Spirits.

If you drink alcohol please tick the relevant boxes.

1. How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month

2-3 times a week 4+ times a week

2. How many standard drinks containing alcohol do you have on a typical day?

1 or 2 3 or 4 5 or 6 7 or 8 10 or more

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

Never Less than monthly Monthly Weekly Daily or almost daily

If you smoke, we advise you to contact the practice for information on how to stop.

Has a very close relative suffered from Heart Disease or Stroke under the age of 55 years? If 'Yes',

Please tell the Doctor or Nurse to Discuss a Cholesterol Test.

Yes

No

Adult Females

Have you Ever had a Cervical Smear?

Yes

No

Was the result normal?

Yes

No

When was it done?

Month

Year

Was it done in the UK?

Yes

No

If so, was it done at a Clinic or by your GP?

Clinic

GP

A First Smear is Needed One Year After First Sexual Contact, but Not Before 25 Years of Age.

Immunisations

VACCINATIONS:

Influenza (flu) in the last 12 mths.

Date of Vaccination

Given by previous GP?
Yes / No

Where Done
GP/Clinic Country if other than UK

Pneumococcal (pneumonia)

CHILDREN ONLY (6 YEARS OR UNDER) (please list ALL vaccinations (to include MenC and MMR))

Vaccination

Date of Vaccination

Given by previous GP?
Yes / No

Where Done
GP/Clinic or Country if other than UK

Past Medical History

Do you or have any medical conditions we should be aware of ? eg Diabetes, Epilepsy, Astma etc.

Any current medication/treatment (including contraceptive pill)?

Any allergies to drugs or other materials?

Family History - Please report any significant medical condition affecting your family ?

Ethnic Category

White	British	A	<input type="checkbox"/>	Asian/Asian British	Pakistani	J	<input type="checkbox"/>
	Irish	B	<input type="checkbox"/>		Bangladeshi	K	<input type="checkbox"/>
	Other White	C	<input type="checkbox"/>		Other Asian	L	<input type="checkbox"/>
Mixed	White & Black Caribbean	D	<input type="checkbox"/>	Black/Black British	Black Caribbean	M	<input type="checkbox"/>
	White & Black African	E	<input type="checkbox"/>		Black African	N	<input type="checkbox"/>
	White & Asian	F	<input type="checkbox"/>		Other Black	P	<input type="checkbox"/>
	Other Mixed	G	<input type="checkbox"/>	Other Ethnic	Chinese	R	<input type="checkbox"/>
Asian/Asian British	Indian	H	<input type="checkbox"/>		Other Ethnic Category	S	<input type="checkbox"/>
				Not Stated	Not Stated	Z	<input type="checkbox"/>

Thank you for your co-operation

Signature

Date

Some of your medical information may be held nationally.
Please tick one of these boxes if you **do not wish** all or some
of your records to be accessed by other healthcare officials.

- Please tick this box if you **ONLY** want information about medication, adverse reactions and allergies to be made available on the National Database
- Please tick this box if you do not wish any information to be available on the National Database (93C3)

Once completed

Please take this form along with proof of identification (Passport or UK Driving Licence) and Utility Bill/Student ID Card to the Guildowns Surgery of your choice.

For official use ONLY

ACCEPTED

- Passport
- Visa Date

OR

- UK Photo Driving License (if born in the UK)
- UK Birth Certificate

PLUS

- Utility Bills e.g. (Water, Gas, Telephone (not mobile))
- Student ID Card
- Tenancy agreement including expiry date
- Bank Statements are **NOT ACCEPTED**

Checked by

Date