

TRANENT MEDICAL PRACTICE

It would be very helpful if you could kindly take the time to answer the following questions as best you can.

Thank you.

Today's Date: _____

NAME: Date of Birth:..... Occupation:

ADDRESS: Tel: Married/Single/Widowed/Divorced/Separated/
Other:

.....

Ethnic Origin:
(Please see over)

Would you need the services of an **INTERPRETER** to be provided Yes/No Language:

1. Have you previously been registered with this Practice? YES / NO If YES, when?
2. Have you ever had any important medical condition, accident or operation?

3. Has your Father/Mother/Brothers or Sisters ever suffered from Stroke/Heart Attack/Diabetes? YES / NO If YES, please list

Please also detail any OTHER family history that you feel may be relevant.

4. Do you take any regular medication? YES / NO If YES, please list

5. Are you allergic to any medication? YES / NO If YES, please list

6. Do you smoke? YES / NO Cigarettes / Cigars / Pipe
If YES, how much
Have you ever smoked? YES / NO
If YES, when stopped?

7. Do you drink alcohol? YES / NO If YES, how many units per week?
(1 Unit = 1 half pint beer or
1 pub measure spirits/wine/sherry)

FOR WOMEN PATIENTS ONLY

8. Have you ever had a Cervical Smear test? YES / NO If YES, when?
9. Have you ever had an abnormal result? YES / NO
10. Have you had a hysterectomy? YES / NO

We are very grateful to you for your help in supplying the above information.

In order for the NHS to plan services for each population mix, and for us to have some basic information about any communication support needs you may have, we would appreciate if you could also advise us:-

1) What is your ethnic group?

Please choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group.

A : White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Any other White background (please write in) _____
- Irish
- Gypsy / Traveller
- Polish

B : Mixed or Multiple Ethnic Group

- Any mixed or multiple ethnic group (please write in) _____

C : Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or British
- Indian, Indian Scottish or British
- Bangladeshi, Bangladeshi Scottish or British
- Chinese, Chinese Scottish or British
- Any other Asian background (please write in) _____

D : African, Caribbean or Black

- African, African Scottish or British
- Caribbean, Caribbean Scottish or British
- Black, Black Scottish or British
- Any other Black background (please write in) _____

E : Other ethnic group

- Arab
- Any other (please write in) _____

F: IF YOU DO NOT WISH TO GIVE THIS INFORMATION, PLEASE TICK HERE

2) Do you need an interpreter?

Do you need an interpreter or sign language support? YES NO

If you do need an interpreter, what language do you speak? _____

Note: Please advise staff that an interpreter will be required each time you make an appointment at the surgery. They will be able to help to make necessary arrangements for you.
