Brecon Medical Group Practice

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OVER 16s QUESTIONNAIRE

If you are a new patient to the practice, each member of the household must complete a form. Please note there is a **different form for patients aged under 16.**

To be completed in conjunction with Form GMS1W (Family Doctor Services Registration)

Personal Details	
Surname:	**Forename(s):**
Address: **Postcode:**	
Telephone Contact Details:	**Landline:** **Mobile:**
Email Address:	
Date of Birth:	Please circle: **Male/Female:**
Ethnicity (Please circle appropriate option):	**White / Black / Nepalese / Asian** **Chinese / Eastern European** **South American / Mixed Race / Other**
First Language if applicable:	
Are you a veteran of the armed forces? **Yes / No**	
Emergency Contact	
Name:	
Relationship to patient:	
Telephone Contact Details:	

Allergies	
Please state any known allergies:	

Carer Information	
Are you a carer? (please circle)	**Yes/No**
If so for whom?	
Do you have a carer? (please circle)	**Yes/No**
Do you have any disability needs & requirements you would like to make the practice aware of?	
Partially sighted? (please circle)	**Yes/No**
Hard of hearing? (please circle)	**Yes/No**
Other:	

Medication (new patients only)
If you are a new patient on repeat medication, <u>please supply a copy of your right hand side listing repeat medications.</u>

Smoking Status	
Have you ever smoked tobacco? (please circle)	**Yes/No**
Ex-smoker. How long since you smoked? (please circle and state)	**Yes/No**
Smoker. How many do you smoke? (please circle and state)	**Yes/No**
Would you like help to quit smoking? please circle)	**Yes/No**

Alcohol Consumption	
How many units do you consumer per week? <u>For example</u>: Small glass of wine = 1 unit, One pint of Beer = 2 units, Alcopop = 1.5 units, Can of super strength lager= 4 units.	

Exercise/Level of activity (please tick boxes provided)
Inactive (*sedentary job and no physical exercise or cycling*) ☐ **Moderately inactive** (*sedentary job and some but less than one hour of physical exercise and/or cycling per week or standing job and no physical exercise or cycling*) ☐ **Moderately active** (*sedentary job and 1 to 2.9 hours of physical exercise and/or cycling per week or standing job and some but less than 1 hour of physical exercise and/or cycling per week or physical job and no physical exercise or cycling*) ☐ **Active** (*sedentary job and 3 hours or more of physical exercise and/or cycling per week or standing job and 1 to 2.9 hours of physical exercise and/or cycling per week or physical job & some but less than 1 of physical exercise and/or cycling per week or heavy manual job*) ☐

Health

Have you ever suffered from any of the following?

Chronic Disease	Yes/No	Date of Diagnosis	Chronic Disease	Yes/No	Date of Diagnosis
High Blood Pressure			Epilepsy		
Angina			Diabetes		
Asthma			Chronic Airways Disease		

Family History

History of Diabetes Family Member:	**Yes/No**
History of Heart Disease under 60 Family Member:	**Yes/No**
History of Heart Disease over 60 Family Member:	**Yes/No**
History of Stroke Family Member:	**Yes/No**
History of Cancer: Family Member: Type of Cancer (if known):	**Yes/No**

Thank you for your time in completing this questionnaire.	
ADMINISTRATION USE ONLY	**DATE**
Form Scanned:	
Task sent to GP to review form and ask whether appointment required to be seen:	