

PEMBROKE HOUSE SURGERY

NEW PATIENT QUESTIONNAIRE



Welcome to Pembroke House Surgery. We would be grateful if you could fill out as many details as possible below, to help us treat you as well as possible until your notes are received from your old doctor.

DATE..... Have you been registered with this practice before? Yes/No

MR/MRS/MISS/MS MALE/FEMALE DATE OF BIRTH

SURNAME FORENAMES

PREVIOUS SURNAME(S)

ADDRESS.....

..... Post Code.....

Home Tel. No. Work/Mobile No..... E-Mail.....

Town and Country of Birth..... Occupation.....

NEXT OF KIN..... Next of Kin Tel. No.....

MARITAL STATUS: Single/Married/Separated/Divorced/Widow(er)/Co-Habiting

ETHNIC CATEGORIES: The Government wishes us to collect this information. Please tick appropriate box

White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background <input type="checkbox"/>
Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
	Any other mixed background <input type="checkbox"/>		
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/>		
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
Other Ethnic Groups	Chinese <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>	

I do not wish to indicate my ethnic group Not known

PREVIOUS ADDRESS

..... Post Code.....

NAME OF PREVIOUS GP & TOWN.....

FAMILY MEMBERS AT HOME -AGE/NAME/RELATIONSHIP.....

PREVIOUS MEDICAL HISTORY - Do you suffer from any ongoing disease/illness, disability or handicap? Please give details with approximate dates of diagnosis:

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