The Department of Health has requested that we collect Ethnic Data for the planning of health needs throughout the Country. Completion of the following section is optional.

All information provided will be treated as confidential.

| | | | |
|---|---|---|---|
| WHITE | | BLACK OR BLACK BRITISH | |
| British Group | ☐ | Caribbean | ☐ |
| Irish | ☐ | African | ☐ |
| MIXED | | ASIAN OR ASIAN BRITISH | |
| White & Black Caribbean | ☐ | Indian | ☐ |
| White & Black African | ☐ | Pakistani | ☐ |
| White & Asian | ☐ | Bangladeshi | ☐ |
| CHINESE | | DECLINE | |
| Chinese | ☐ | Declined from Disclosing Ethnicity | ☐ |
| | ☐ | | ☐ |

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is help about you and sets out rules to make sure that this information is handled properly.

# Church Hill Surgery, Pulham Market

Welcome to Church Hill Surgery. We would be grateful if you would spend a few minutes completing the attached Lifestyle Questionnaire. In this way we are able to quickly establish any medical needs you may have, because your medical records from your previous registered doctor may take up to 6 weeks to arrive.

There are a few questions that are extremely important:

- *Are you on regular medication?*

If the answer to this is YES, you will need to make an appointment to see a Doctor and if you have a repeat prescription from your previous surgery this would be very helpful.

- *Are you on a Contraception Pill?*

If the answer to this is YES, you will need to make an appointment to see a Doctor or our Nurse Prescriber.

- *Details of your next of kin.*

This Is very helpful for the Doctors, so please complete with as much detail as possible.

If you are happy for us to contact you periodically by e-mail, please insert your details below and hand this form together with the completed Lifestyle Questionnaire back to Reception.

Name:……

E-mail address:……..

If you are unsure of anything please speak to our Receptionists who will be very happy to help you.

# Church Hill Surgery — Lifestyle Questionnaire

Name:…… Gender: F: ☐ M: ☐

Address:……

……

Date of Birth:…… Home Tel No:……..

Work Tel No:…… Mobile Tel No:……

Please tick appropriate box: Married: ☐ Divorced: ☐ Single: ☐

Dependants:……

Next of Kin:…… Relationship:……

Contact Details including tel no:……..

Existence of Living Will: Yes: ☐ No: ☐ Details:……

First Language Spoken:……

Employed: ☐ Self Employed: ☐ Unemployed: ☐ Retired: ☐

Religion:……

Housebound: ☐

Alcohol: (Please select one option from each of the following lines)

| Frequency of alcohol consumption | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week |
|---|---|---|---|---|---|
| Units consumed on a typical day | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |
| How often have you had on a single occasion: 6 or more units (Females) 8 or more units (Males) | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

Smoking: Never Smoked: ☐ Smoker: ☐ Ex-Smoker: ☐

Cigarettes per day: 0-6: ☐ 7-10: ☐ 11-20: ☐ 20+: ☐

Weight:…… Height:……..

Specific Needs — Please State:……

……

# Checked & Received by:…….

Urinalysis: For patients aged 16+ years, please ask for a sample bottle & leave with Reception staff.

Present Medication:……..

Allergies: To Medication:……

Other:……..

Vaccinations:……

Cervical Screening: Date of most recent smear:……

Result:……..

Mammogram: Date of most recent mammogram:……..

Result:……..

Family History:

Have you, your parents or close family suffered from any of the following:

Heart Disease: …… Stroke: ……

Cancer: ……..

(Please indicate age relative was diagnosed):……

Diabetes: ……..

Asthma: …… COPD: ……..

Hypertension: ……

Epilepsy: ……