Keele Practice New Patient Information

Name_____ **Todays date** _____

Gender _____ **Date of Birth**_____

University Address **Home Address**

_____ _____

_____ _____

_____ _____

Uni tele:_____ **Email address:**

Mobile:_____ **Home telephone**_____

Do you consent to receiving: Text **Y / N** Emails **Y / N**

Have you ever been in the armed forces? Yes [ ] No [ ]

Exercise (weekly): None [ ]
1 time [ ]
2 times [ ]
3+ times [ ]

Smoking: Current smoker [ ] How many cigarettes per day? ….
Do you requite smoking cessation advice? Yes [ ] No [ ]
(please tick) Ex-smoker [ ]
Never smoked [ ] Date stopped smoking……..

Average Alcohol: Number of units per week_____ Teetotal [ ]
Brief intervention, advised about alcohol [ ]

Height_____ **Weight**_____

BP_____
Pulse

First Language……

Religion (optional)…….

Ethnic origin:

White-British [ ]		Pakistani or British Pakistani [ ]	
White-other [ ]		Bangladeshi	[ ]
Irish [ ]		Other Asian background	[ ]
White & black Caribbean [ ]		Other black background	[ ]
White & black African	[ ]	Caribbean	[ ]
White and Asian	[ ]	African	[ ]
Other mixed background	[ ]	Mixed White & Asian	[ ]
Chinese	[ ]	Any other	[ ]
Indian or British Indian	[ ]		

Allergies……..

……

Family Medical History…….....

……

Significant medical history…….

……

……

Current Medication including contraception…….

……

Are you are carer? Yes [ ] No [ ]
If yes, Please give details……

Please tick any specific needs that you have:

Sensory impairment [ ]	Physical disability [ ]	mental disability [ ]
Religious/cultural needs [ ]	Phobias [ ]	Advocacy [ ]
Dog assistance [ ]	Access premises [ ]	Veteran [ ]

If we need to contact you, do you give consent for us to contact you via

Texts Yes/No Email Yes/No