

KENNEDY WAY SURGERY



Kennedy Way, Yate, South Glos BS37 4AA
Tel: (01454) 313849 (day and night)
Fax: (01454) 329039 Email: kws@gp-L81042.nhs.uk

Welcome to our Practice – It may be some months before your medical records reach us from your last Doctor. Meanwhile in order for us to provide the best possible service, could you please complete this questionnaire, **one for each member of the family** and return it to the reception desk. Thank you.

Surname	Forename(s)
Date of Birth:	Marital status: Married/Single/Widow/Divorced/Separated
Address:	Telephone No: Landline: Mobile:

- Q. Have you any ongoing disease/disability? eg asthma, diabetes, epilepsy, deafness, high blood pressure?
- Q. Have you family history of heart disease/diabetes or do you have any concerns about this?
- Q. Please list (with dates if possible)any serious illnesses or operations you have had.
- Q. Are you a carer for anyone eg husband, wife, relative etc? Yes / No
If yes, please name the person for whom you are a carer.
- Q. How did you hear about Kennedy Way Surgery?
- Q. Were we recommended to you by your Friends or Family Yes / No
- Q. Have you recently left the British Armed Forces? Yes / No
(Office use - if yes, please let Dr Blackwell, know)

Important – **If you are taking medication please make an appointment to see a doctor for a review before your next medication is required.** An emergency **one month's supply** can be provided if you have the tear off slip from your previous doctor which clearly lists the medication and appropriate doses. If you do not have a tear off slip, please bring the packs along instead. This will then allow you plenty of time to make an appointment to see a doctor for your regular repeats. Please hand the information to the receptionist who will organise the one month's supply of repeat medication to tide you over before you see the doctor for a formal review. Please note only one month of medication will be supplied without seeing a doctor.

Partners:

Dr Catherine Buckley, Dr Monika Blackwell, Carol de-Gay

Salaried Doctors:

Dr Charlotte Turner, Dr Sarah Kendall

Please list the medication that you are taking at present.

Are you allergic to any medicines eg Penicillin?

Do you smoke? Yes / No

If you answered no, have you never smoked tobacco or are you an Ex smoker who has given up, if so, when did you give up? _____

If you answered yes, are a smoker how many do you smoke per day? _____

Do you drink? Yes / No If so, how much per week? _____

What is your height? _____ What is your weight? _____

Q Do you have any concerns about your diet?

Q When was your last Tetanus injection?

Women Only

How many children have you had?

Are you currently taking the contraceptive pill? Yes / No

Are you immune to Rubella (German Measles)? Yes / No

Have you had a cervical smear test Yes / No

Date of last smear _____ Result _____

Where was the test performed? Own GP / Hospital / Clinic

Our Practice offer the full range of contraceptive services. Family planning and Smears can be undertaken by the Practice. Please make an appointment if you wish to discuss such matters.

Children Only

Is your child fully immunised against the common infectious diseases? Yes / No

If possible, please list the dates of immunisations below and state whether they were given by your own doctor or Health Authority Clinic.

HIB	1	2	3
Diphtheria	1	2	3
Tetanus	1	2	3
Pertussis	1	2	3
Polio	1	2	3
Meningitis C	1	2	3

MMR

Pre-school Booster

Measles

Rubella

Signed _____

Date _____