

KENNEDY WAY SURGERY



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

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:
! Please note: We use text messages as one method of communication. If you do not wish to receive text messages, you will need to advise us of this.	

- 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. 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 you will need to phone in on a day of your choice to speak to a doctor for a review, before your next medication is required.**

Please list the medication that you are taking at present.

Partners:

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

Salaried Doctors:

Dr Sarah Kendall, Dr Claire Rumball,

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? _____

Women Only

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.

Standard Tick Box for recording Ethnic Group

What is your ethnic group?

A: White

- British
- Irish
- Any other white (please state)

B: Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (please state)

C: Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please state)

D: Black or Black British

- Caribbean
- African
- Any other Black background (please state)

E: Chinese or other ethnic group

- Chinese
- Any other (please state).

Declined/Not stated

Declined: Patient chooses not to supply this information

Please state your main spoken Language: