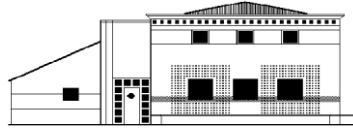


DR STUART NELSON
 DR SARAH MOLIVER
 DR JULIAN WILSON
 DR CAROLINE COPPS
 DR THOMAS MORGAN
 DR RACHAEL COKER



OVERTON PARK SURGERY
 OVERTON PARK ROAD
 CHELTENHAM
 GL50 3BP
 TEL 01242-580511
 FAX 01242-253542

As a new patient in our practice we would be grateful if you would complete this questionnaire.

If you have ongoing health problems or are taking regular prescription medication you will need to make an appointment to see the doctor. Please bring an early morning urine sample with you when you attend the surgery for the first time (bottles available at reception).

ALL PATIENTS

Surname Forename(s).....

Surname at birth..... Date of birth.....
 (if different)

Address:

Postcode:

Telephone: Home..... Mobile.....

Ethnicity:

White	Black Caribbean	Black African
Black Other	Indian	Pakistani
Bangladeshi	Chinese	Other (please state)

Main language spoken: English..... Other (please specify).....

Occupation.....

Do you have a carer? Y/N Details.....

Are you a carer? Y/N Details

PTO

Current: Weight..... Height.....

Do you have any allergies eg medicines/foods/elastoplast

OLDER CHILDREN/ADULTS

What is your smoking status?

Never smoked	Cigarette smoker Number/day.....
Pipe smoker Oz/day.....	Cigar smoker Number/day.....
Roll own cigarettes Oz/day.....	Ex smoker Date stopped.....

Do you drink alcohol? Y/N

If yes – how much? (please indicate in units/week if possible).....

CHILDREN

School or nursery/playgroup.....

Main carer.....

UNDER 25 YEARS?

Chlamydia – we offer self-testing kits for males and females who are, or have been, sexually active, who are under 25.

Please indicate if you would like to receive a kit? **Yes.....No.....**

Meningitis C – all adults under the age of 25 should have been vaccinated against Meningitis C. Please make an appointment with the Practice Nurse if you have never received Men C vaccination.

MMR – protection against mumps, measles and rubella is recommended. If you have never had an MMR vaccination, or only had one vaccination in the past, please make an appointment with the practice nurse.

ADMIN PURPOSES: ID WITNESSED BY (receptionist initials):

TYPES OF ID: Photo..... Proof of address.....

