

**Moss Grove Surgery-Kingswinford
New Patient Interview / Health Check**

The Interview/Health Check is offered to all new patients over 5 years and will only take approximately 15 minutes to complete. We would be grateful if you could complete this questionnaire and bring it to the surgery when attending your health check with the Practice Nurse. All information given is treated with the strictest confidence and greatly helps us in your present and future medical care. Thank you for taking your time in completing this form.

Surname **Forename**.....

Address

Post Code **Date of Birth**

Occupation.....

Home Tel **Work Tel**

Personal History Section: **Marital Status**

Parental Responsibility (Unmarried Parents Only - to be defined by who registered the birth, Mother Only / Father Only / Both) Signature & Name(s) (Please Print) Required:
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Please List Any Personal Major Illnesses / Operations / Disabilities Etc (& Year If possible) (Women to list pregnancies):
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Present Medication (Please list medications / injections etc. that you may require) Name any drug that upsets you
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Questions for Some Women: Date of Last Smear
On the Pill? YES/NO. Fitted with coil YES/NO. Date fitted

Could you please give a contact number of a relative / friend we can contact in case of emergency

Person to contact

(Relationship) Telephone No:

