SHOTFIELD MEDICAL PRACTICE

Patient General Update Questionnaire

Please complete in full and return to reception before you leave. Please write/print clearly so no mistakes are made when this information is added/updated on your record. Thank you.

Please do not use this form to notify change of name/address alone, the name/address section on this form is for identification purposes only, there is a separate form for notification of change items available on our website or at reception and please note that ID is also required.

Full Name: ……. Date of Birth: ……...

Address: ……..

Contact Tel Nos:

Home: ……..…… Work: ……..... Mobile: …….....

Email address: …….

Please note that we may use your email address or your mobile phone number to contact/text you about reviews, appointments or other general information, providing these details and providing this information here acts as a consent for us to do this. Please ensure your email and mobile phone number is always kept up-to-date.

Next of Kin:

Name: ……..……. Relationship: ……..

Contact Tel No(s): …….

Ethnicity: (please circle, underline or tick clearly the group that applies)

White British	White Irish	White Other
Mixed - White & Black Caribbean	Mixed – White & Black African	Mixed – White & Asian
Other Mixed Background	Indian	Pakistani
Bangladeshi	Other Asian Background	Caribbean
African	Other Black Background	Chinese

Other Ethnic Category – please state …….

What is your first spoken language? ……..

What other languages do you speak fluently? ……..

Are you a carer? YES / NO
If Yes, who do you care for? Name/Relationship: ……

Are you cared for? YES / NO
If Yes, by whom? Name/Relationship: …….

Smoking Status: (please delete all those that do not apply)

Never Smoked Ex-Smoker Current Smoker Trying To Give up Smoking

If you are a current smoker, what and how many do you smoke: ……

If you would like to give up smoking please ask at reception for details of the local smoking cessation service, there is a weekly clinic here which you can refer yourself to if you are serious about giving up.