

DR RABIE AND PARTNERS NEW PATIENT QUESTIONNAIRE

When you register, could you please fill in this form which gives us a little background information on you and bring it with you on your new patient health check appointment.

TODAYS DATE:

NAME:

DATE OF BIRTH:

TELEPHONE NUMBER :

MARITAL STATUS:

OCCUPATION:

Have you had any serious illnesses in the past ?
If so please give details –

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Are you taking any regular medication ?
If so please give details -

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Please list any allergies that you have -

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Have you had a Tetanus booster vaccination in the last 10 years - YES/NO
If yes please give date if known –

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Has anyone in your family had any serious illnesses such as cancer or heart disease ?
If so please give details and state relationship -

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Are you a carer ? If the person you care for is a patient with our practice please tell us
who they are -

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FOR CHILDREN ONLY –

Please list latest dates of the following immunisations if known –

MMR.....

Hib.....

Tetanus.....

Polio.....

Diphtheria.....

Whooping Cough.....

Meningitis C

Pneumococcal

