

LAGGAN MEDICAL PRACTICE

Dr. Alastair Michie • Dr. Heather Druett • Dr. Mary Cauldbeck • Dr. Michelle Delap

New Patient Health Check Private and Confidential

Welcome to the Laggan Medical Practice, thank you for completing this new patient questionnaire. Please fill in as many details as possible.

Date:					
Title (Mr, Mrs etc):					
Marital Status: (please circle)	Single	Married	Partner	Divorced	Widowed

Please Use Block Capitals

PERSONAL DETAILS:

Surname:	First Name:
Second Name:	Known As:
Previous Surname:	Date of Birth:
What is your Occupation?	Do you have any children, and if so, how many?

CONTACT DETAILS:

Mobile Number:	Home Number:
Work Number:	Email:
Emergency Contact Name:	Emergency Contact Number:
Emergency Contact's Relationship to You:	

LAGGAN MEDICAL PRACTICE

Dr. Alastair Michie • Dr. Heather Druett • Dr. Mary Cauldbeck • Dr. Michelle Delap

Please answer the following questions using block capitals

MEDICATION:

REPEAT MEDICATION:

Please bring a medication repeat slip or medical summary from your previous GP to add to your records.

Medication Name and Dose:

LIFESTYLE:

Smoking Status (please circle):	Smoker	Ex Smoker	Never Smoked
	If smoking, how many per day?		

Exercise (please circle)

In the past week, on how many days have you been physically active for a total of 30 minutes or more?

(Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes)

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

In four days or less, have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

No	Yes
----	-----

Are you interested in being more physically active?

No	Yes
----	-----

Alcohol (Number of measures consumed in a week)

Wine		Beer		Cider	
Small glass (125ml)		Pint		Pint	
Large glass (175ml)		330ml		440ml	
Bottle		440ml		1 litre	
Spirits		Alcopops			
Single measure		Small bottle (275 ml)			
Double measure		Large bottle (700 ml)			
Bottle (700 ml)					

T: 01528 544225 • E: nhsh.gp55944-admin@nhs.scot • W: lagganmedicalpractice.co.uk

Gergask Surgery (Laggan), Newtonmore, Highland, PH20 1AH

LAGGAN MEDICAL PRACTICE

Dr. Alastair Michie • Dr. Heather Druett • Dr. Mary Cauldbeck • Dr. Michelle Delap

Alcohol (Please tick the relevant boxes for all four questions.)				
1. How often do you have eight (men)/six (women) or more units of alcohol on one occasion?				
<input type="checkbox"/> Never (0)	<input type="checkbox"/> less than monthly (1)	<input type="checkbox"/> Monthly (2)	<input type="checkbox"/> Weekly (3)	<input type="checkbox"/> Daily/almost daily (4)
2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?				
<input type="checkbox"/> Never (0)	<input type="checkbox"/> less than monthly (1)	<input type="checkbox"/> Monthly (2)	<input type="checkbox"/> Weekly (3)	<input type="checkbox"/> Daily/almost daily (4)
3. How often during the last year have you failed to do what was normally expected of you because of your drinking?				
<input type="checkbox"/> Never (0)	<input type="checkbox"/> less than monthly (1)	<input type="checkbox"/> Monthly (2)	<input type="checkbox"/> Weekly (3)	<input type="checkbox"/> Daily/almost daily (4)
4. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?				
		<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes, but not in the last year (2)	<input type="checkbox"/> Yes, during the last year (4)

Do you have a Carer?	Yes	No
Do you act as a Carer for somebody, paid or unpaid?	Yes	No

FOR WOMEN ONLY:

When was your last Smear?	
What was the Result?	
What form of contraception do you use?	
Have any close relatives had Breast Cancer?	

ABOUT YOUR MEDICAL HISTORY:

(Please give dates of first Diagnosis and brief details of any of the following that you may have.)

Asthma	
Allergies/Adverse Drug Reactions	
Cancer	
COPD	
Depression	
Diabetes	
Epilepsy	
Have you ever had any serious injuries such as broken bones, fractures or bad sprains?	

LAGGAN MEDICAL PRACTICE

Dr. Alastair Michie • Dr. Heather Druett • Dr. Mary Cauldbeck • Dr. Michelle Delap

Have you ever had any operations or procedures?	
Have you had any admissions to hospital not noted above?	
Heart Disease	
High Blood Pressure	
Hypothyroidism (under active thyroid)	
Mental Health Problems	
Stroke	
Any other significant medical problems?	
Do you currently attend any hospital as an outpatient and, if so, for what?	

YOUR FAMILY HISTORY:

(Please tell us if your parents, brothers or sisters have suffered from or have had the following, please give us the age they were when first diagnosed and any details of the diagnosis that you know.)

Asthma	
Cancer	
Diabetes	
Epilepsy	
Heart Disease	
High Blood Pressure	
Stroke	

DO YOU HAVE ANY DISABILITIES?:

(Please describe your disability, whether you are registered disabled or not.)

Learning Disability	
Physical Disability	
Sensory Disability	
No Disability	
I do not wish to answer	

LAGGAN MEDICAL PRACTICE

Dr. Alastair Michie • Dr. Heather Druett • Dr. Mary Cauldbeck • Dr. Michelle Delap

ETHNICITY:

Although we are all individual people, our racial and ethnic backgrounds may place us at differing risks for some diseases. We are collecting race, ethnicity, and language information from **all of our patients** to help us get to know them better. By knowing more about your racial and ethnic background, we can get a better idea of health risks you may have and better meet your health needs. Your information is kept private and confidential and is protected by law. The only people who will see your information are members of your care team and others who are authorized to see your medical record.

Please choose one section, then tick one box that best describes your ethnic group or background.

I do not wish to state my Ethnic Group, please sign here: _____			
White Ethnic Group			
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Other (*Please write in)	<input type="checkbox"/>
Asian or Other Mixed Ethnic Group			
Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other (*Please write in)	<input type="checkbox"/>	*	<input type="checkbox"/>
African, Caribbean or Black Ethnic Group			
African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Black	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other (*Please write in)	<input type="checkbox"/>	*	<input type="checkbox"/>

INTERPRETATION:

Please let us know if you need any of the following:

Do you need an interpreter?	<input type="checkbox"/>
If interpretation is needed, which language?	<input type="checkbox"/>
Do you need sign language?	<input type="checkbox"/>
If sign language, which language?	<input type="checkbox"/>

LAGGAN MEDICAL PRACTICE

Dr. Alastair Michie • Dr. Heather Druett • Dr. Mary Cauldbeck • Dr. Michelle Delap

COMMUNICATION:

Laggan Medical Practice will be using SMS/Email as our default communication method. This will achieve quicker communication, lower environmental impact and free up capacity on our phones.

Please ensure to update us with your correct mobile number and email address when they change, by:

- emailing these to us at nhsh.gp55944-admin@nhs.scot or
- using the contact form on our website <https://lagganmedicalpractice.co.uk/contact/> or
- giving your details to the receptionist.

Thank you for completing this form. Please return it to Reception.