WELCOME
to
Carnoustie Medical Group

Parkview Primary Care Centre

As you are a new patient of ours and your notes may take some time to be transferred to us, we would like you to fill in this questionnaire.

This information will be held in your medical records here at the practice, and will be treated with the strictest confidence.

Surname: **Forename:**

Address:

Postcode:

Date of Birth: **Ethnic Origin:**

Telephone (Home): **Mobile:**

Email Address:

Would you be happy to be contacted by: **Email** ☐ **Text Message** ☐

MEDICAL HISTORY

Are you on any regular medication? Please list your medication and dosage:

Drug name:	Dosage:

Please list all allergies that affect you, including those to medicines and drugs:

Do you or any of your family suffer from the following? Please tick any that apply:

	You	Your Family
Diabetes:	☐	☐
Chronic heart disease (includes angina):	☐	☐
Asthma:	☐	☐
Epilepsy:	☐	☐
Stroke:	☐	☐
Chronic obstructive pulmonary disease:	☐	☐
Thyroid disease:	☐	☐
Hypertension (high blood pressure):	☐	☐
Mental health problems:	☐	☐
Cancer:	☐	☐

Other (please specify):

CHILDREN ONLY

Has your child had the following routine primary immunisations at 2, 3, 4 and 15 months?

Diptheria, Tetanus & Pertussis:	Yes ◯	No ◯
Oral Polio:	Yes ◯	No ◯
HIB:	Yes ◯	No ◯
Meningitis C:	Yes ◯	No ◯
MMR (Measles/Mumps/Rubella):	Yes ◯	No ◯

Has your child had the following routine pre-school immunisations at age 4 – 5 years?

Diptheria, Tetanus & Pertussis booster:	Yes ◯	No ◯
Oral Polio booster:	Yes ◯	No ◯
MMR Booster:	Yes ◯	No ◯

WOMEN ONLY

Number of Pregnancies: ☐ Number of Live Births: ☐

Have you ever had a Cervical Smear? Yes ◯ No ◯

If yes, date of last smear and where taken: ☐

Result? ☐

Have you ever had Mammography (breast screening x-ray)? Yes ◯ No ◯

If yes, when? ☐

Are you using a form of contraception? Yes ◯ No ◯

If yes, which method? Please tick:

Sterilisation: you ☐ your husband ☐

The Pill: ☐

The coil/IUCD: ☐

Sheath/condom: ☐

Cap/diaphragm: ☐

Implanon: ☐

Depoprovera injection: ☐

Other (please specify): ☐

Please send your completed questionnaire to:
carnoustie.tayside@nhs.scot