RED PRACTICE
NEW PATIENT QUESTIONNAIRE

Name _____

Address _____

_____

Date of Birth _____

Telephone Numbers   Home _____   Mobile _____   Work _____

Marital Status _____

Are you a Carer?   Yes ☐   No ☐

If yes please give details _____

Medical conditions and operations _____

_____

Present drug treatment _____

Please note your medication will be reviewed and possibly changed to follow NHS Tayside guidelines and formulary.

Any known allergies _____

Do you smoke?   Yes ☐   No ☐

If yes how many per day _____

How much alcohol do you drink per week? _____

Please fill out your next of kin details:

Name of next of Kin:	
Relationship to you:	
Contact number:	
Address:	

This short questionnaire will give the practice staff some basic information about your communication support needs and ethnicity to support your health care.

Name: _____ **DOB:** _____

Do you need an interpreter or sign language support? ☐ Yes ☐ No

If you need an interpreter what language do you speak?

Please state _____

What is your ethnic group?
Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic group or background

A White
☐ Scottish
☐ English
☐ Welsh
☐ Northern Irish
☐ British
☐ Irish
☐ Gypsy/Traveller
☐ Polish
☐ Any other white ethnic group, please write in _____

B Mixed or multiple ethnic groups
☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British
☐ Pakistani, Pakistani Scottish or Pakistani British
☐ Indian, Indian Scottish or Indian British
☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
☐ Chinese, Chinese Scottish, Chinese British
☐ Other, please write in _____

D African, Caribbean or Black
☐ African, African Scottish or African British
☐ Caribbean, Caribbean Scottish or Caribbean British
☐ Black, Black Scottish or Black British
☐ Other, please write in _____

E Other ethnic group
☐ Arab
☐ Other, please write in _____

If you do not wish to give this information, please tick here ☐