



NEW PATIENT MEDICAL FORM

SURNAME	FIRST NAME	TITLE (Please circle as appropriate)	DATE OF BIRTH	MALE <input type="checkbox"/>	
		Mr / Ms / Miss / Mrs / Dr / Prof /		FEMALE <input type="checkbox"/>	
<u>BELFAST ADDRESS</u>			<u>HOME / FAMILY ADDRESS</u>		
TELEPHONE NUMBER: _____ Mbl _____			TEL NO: _____		
OCCUPATION NI:					
PREVIOUS OCCUPATION :					
STATUS: Please circle		Studying : (QUB / UUU / Belfast Met / St Mary's / Stranmillis College) / Working / Dependant / Asylum Seeker / Refugee/ Retired			
NATIONALITY:		COUNTRY OF BIRTH:			
ETHNIC ORIGIN:					
White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Malaysian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
African	<input type="checkbox"/>	Mixed ethnic group	<input type="checkbox"/>	Eastern European	<input type="checkbox"/>
				Other	<input type="checkbox"/>
				(Please Specify) _____	<input type="checkbox"/>
Languages Spoken		1st Language		2nd Language	
Next of Kin		IN NI: OTHER (if not originally for UK)			
MEDICAL CONDITIONS		PERSONAL MEDICAL HISTORY			
Asthma	<input type="checkbox"/>	Serious Illness			
Diabetes	<input type="checkbox"/>	Hospitalisation			
Epilepsy	<input type="checkbox"/>	Other			
Other	<input type="checkbox"/>				
CURRENT MEDICATION		Drug	Strength	Dose	ALLERGIES: Food / Drugs / Other

HEALTH PROMOTION / EDUCATION							
DIET	Healthy / Reasonably Healthy			PHYSICAL ACTIVITY	Inadequate		
	Unhealthy				Light		
	Vegetarian				Moderate		
TOBACCO	Never Smoked		Current smoker		Smoker No Per Day		Ex Smoker

ALCOHOL CONSUMPTION (please circle)					
How often do you have a drink that contains alcohol	NEVER	MONTHLY OR LESS	2-4 TIMES PER MONTH	2-3 TIMES PER WEEK	4+ TIMES PERWEEK
How many standard alcoholic drinks do you have on a typical night when your drinking	1-2	3-4	5-6	7-9	10+
How often do you have 6 or more standard drinks on 1 occasion	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY

To be filled in by clinical professional:

BMI: _____

Height: _____

Uranalysis: _____

Counselling needed: **YES/NO**

Interpreter needed: **YES/NO**

Doctor Comment:
