

DRS McCULLOCH, LEDGER & BISHOP

The Health Centre
Girvan Community Hospital
Bridgemill
Girvan KA26 9HQ
Phone: 01465 712281
Fax: 01465 716415
www.ailsacraigpractice.co.uk

REGISTRATION QUESTIONNAIRE

DATE _____
NAME _____
ADDRESS _____

POSTCODE _____

For Office Use	
New Patient Appointment:	
Date	_____
Time	_____

PLEASE COMPLETE THE QUESTIONNAIRE OVERLEAF

Your new General Practitioner is obliged to offer you a consultation which will include the Practice Nurse taking details of your medical history and carrying out a very short physical examination.

The slip below will be completed by the Receptionist with details of your appointment. Please retain this slip for your own information.

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NAME: _____
DATE OF EXAMINATION: _____
TIME: _____

REGISTRATION QUESTIONNAIRE

FORENAME: _____
SURNAME: _____
MAIDEN NAME: _____
ADDRESS: _____

POSTCODE: _____
TELEPHONE NUMBER: _____
MOBILE NUMBER: _____
DATE OF BIRTH: _____
OCCUPATION: _____
MARITAL STATUS: _____

1. Do you have, or have you had, any serious illness? YES / NO
If yes, please detail these briefly together with dates.
2. Are your immunisations complete (e.g. Tetanus, Polio etc)? YES / NO
3. Do you suffer from any allergies? YES / NO
If yes, please give details
4. Are you taking any medication at present? YES / NO
If yes, please list all the medicines you take
5. Have you been tested for breast or cervical cancer? YES / NO
If yes, when was the test done, and with what result?
6. Do you smoke? YES / NO If yes, how many per day? _____
7. Do you drink alcohol? YES / NO If yes, how much per week? _____
8. Do any diseases run in your family (e.g. Heart Disease, High Blood Pressure, Diabetes etc)? YES / NO
If yes, please give details

Signed _____

Date _____

Thank you for completing this questionnaire
DRS McCULLOCH, LEDGER & BISHOP



ETHNICITY

FORENAME: _____

SURNAME: _____

Please indicate your ethnicity by choosing one of the options below:

White

Scottish

Other British

Irish

Any other White background, please specify _____

Mixed

Any mixed background, please specify _____

Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please specify _____

Black, Black Scottish or Black British

Carribbean

African

Any other black background, please specify _____

Any other ethnic background, please specify _____

Do you need an interpreter for your consultation? YES NO

Thank you for completing this questionnaire