**EASY READ NEW PATIENT HEALTH QUESTIONNAIRE**

**Please speak to our reception team if you would like help with this form. Please use a black pen.**

 Your first name:

Your last name:

Your date of birth:

Day Month Year

 Your address:

Your postcode:

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/04/phone-number.png) Your home

phone number:

Your mobile

phone number:

 Do you have a religion?

Yes No

What is your religion?

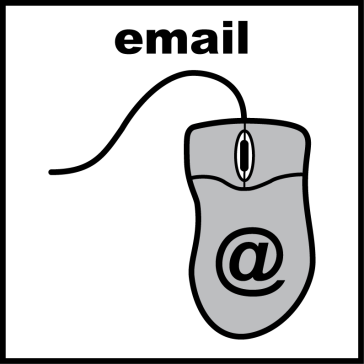
How can we contact you? Please tick any boxes that apply.

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/08/contact-V2.png) Phone: Yes No

Email: Yes No

Text: Yes No

Letter: Yes No

 Please tell us your email address:



What is your ethnicity:

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/03/other-languages.png) Do you need an interpreter?

Yes No

If yes, what is your language choice?

 Do you have a carer or keyworker?

Yes No

What is their first name:

What is their last name:

What is their phone number:



Do you care for someone that has a long-term illness?

Yes No

Please tell us the name of the person you care for:

First Name

Last Name



Do you have any allergies?

Yes No

What are you allergic to:



Do you drink alcohol?

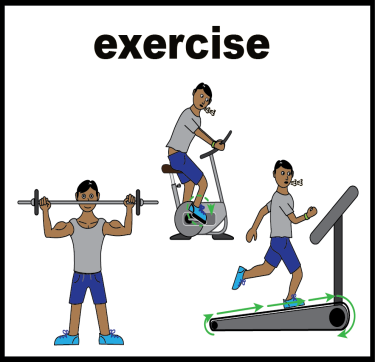
Yes No

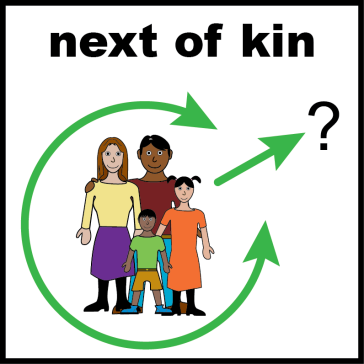
How many glasses each week

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/02/do-you-smoke.png) Do you smoke?

Yes No

How many cigarettes do you smoke each day?

 How many hours do you exercise each week:

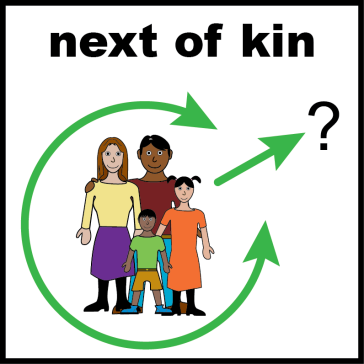
 What is the first name of your next of kin:

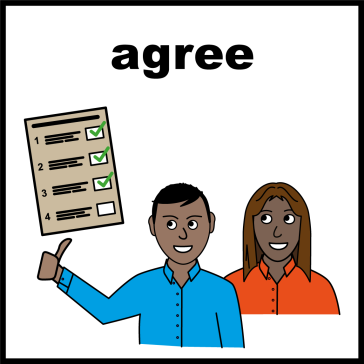
What is the last name of your next of kin

What is their telephone number:

What is their relationship to you:

What is their date of birth:

 What is their address:

 Do you agree to share your medical information

with them?

Yes No

If you agree, we need you to send a letter telling

us that this is ok. If you need help, please speak

with the receptionist.

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/01/care-plan-in-an-emergency.png) Do you have a health action plan:

Yes No

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/01/aches-and-pains.png) Do you have any long-term illnesses?

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/01/aches-and-pains.png)

Does anyone in your family have a long term

illness?

Yes No

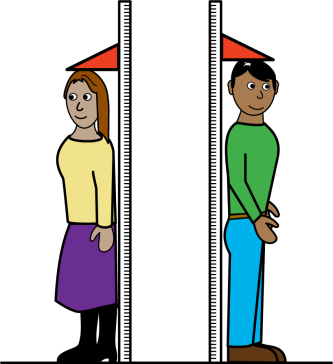
Please give us a bit more information if you ticked

the yes box.

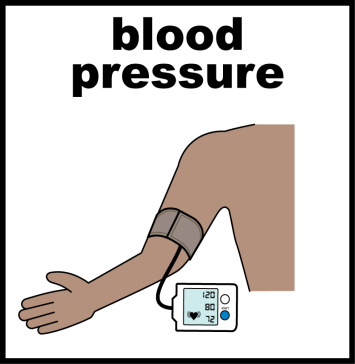
[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/01/aches-and-pains.png) Who is ill?

What is the illness?

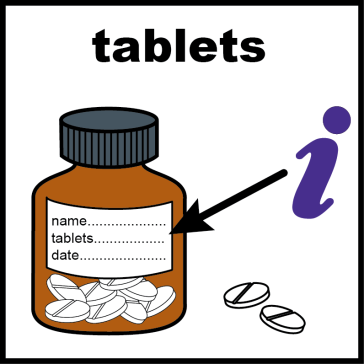
Please answer the following questions. We have equipment in the waiting room for you to use. Please ask the receptionist if you would like any help.

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/06/height.png) Please tell us how tall you are in centimetres.

[](https://www.bing.com/images/search?view=detailV2&ccid=JOoTMsCC&id=7A3F609F7FFE4DBC771B0D92C3E70D47545849FE&thid=OIP.JOoTMsCCPM3vgTPEWwOCdQHaHa&mediaurl=http://www.pngall.com/wp-content/uploads/2016/09/Weight-Scale-PNG-Picture.png&exph=900&expw=900&q=image+of+scales&simid=608024770987297778&selectedIndex=33)Please tell us your weight in kg.

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/08/blood-pressure-V2.png) Please tell us your blood pressure reading.

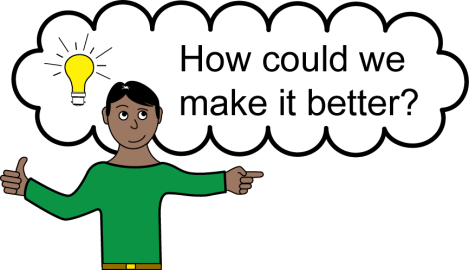
DIA SYS PUL

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/04/tablets-information.png)Please tell us if you take any medication.

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/04/pharmacist.png) We will send your prescription to a pharmacy

Please tell us the name of pharmacy you would

like to collect your medication from.



Please inform us if you have any additional information and/or communication needs. This will help us better communicate with you.

[](https://www.easyonthei-leeds.nhs.uk/wp-content/uploads/2019/01/cared-for-safely.png) We will record your needs on your medical

notes.

We may share this information with other care

providers.

Please let us know if your choice of

communication changes.

It is important that we know how to contact you.

A person holding a stethoscope and a stethoscope

Description automatically generated with medium confidence If you are over 18 and new to the United Kingdom,

please complete the form below. Please ask the

receptionist if you would like some help.

|  |  |  |
| --- | --- | --- |
| **AGE** | **HAVE YOU HAD THIS VACCINE?** | **WHAT DATE DID YOU RECEIVE IT?** |
| **If you are aged 65 years or older** | Pneumococcal (PPV) Vaccine  Also known as pneumonia |  |
| **If you are 65 years or older** | Annual Influenza Vaccine  Also known as Flu | This year’s date only |
| **If you are 70 years** | Shingles (Herpes Zoster) Vaccine  Single dose |  |
| Shingles (Herpes Zoster) Vaccine  (patients with weakened immune system)  1st Dose |  |
| Shingles (Herpes Zoster) Vaccine  (patients with weakened immune system)  2nd Dose |  |

Please sign your name in the box below.

Signature.

Date.