Dear Patient

We would appreciate if you could take a minute to fill in this questionnaire and return it into the repeat prescriptions box or hand it back to the reception staff. We do this in order to keep your health records up to date and to identify any areas where we might be able to offer you further help and support.

Date when comp	oleting this q	uestionnaire:	
Name:	Date of Birth:		
Tel Home:		Tel Mobile:	
Are you allergion	c to any med	lications?	
No □	☐ Yes		
(If yes please spe	ecify drug ar	nd type of reaction)	
Do you experient medications?	nce any unw	anted side effects when taking your prescribed	
No□	□ Yes	(If yes, please specify)	
Do you take all	your prescr	ibed medications regularly?	
No □	\square_{Yes}	(If no, please specify)	
Do you require	any help to	take your medications more effectively?	
No □	□ Yes	(If yes, please specify)	
Do you take any	y "over the o	counter" medications regularly?	
$_{ m No}$ \square	\square Yes	(If yes, what are these)	
•	· -	opening bottles or blister packs or reading ay be able to help with different packaging.	
No 🗆	□ Yes	(If yes, please specify)	
Do you have an	y problems	administering eye drops or using inhalers?	
$_{ m No}\square$	\square Yes	(If yes, please specify)	

Do you have a	any problems or	dering or collecting medication?		
$N_0\square$	□ Yes	(If yes, please specify)		
	vill be able to ord	ownload and once your identification has been er your prescriptions and book appointments		
Have you eve	r smoked?			
No 🗆	No \Box (please ignore the question relating to quantity smoked per day			
Cigarettes, Pip	e, Cigars)	pecify what form of tobacco you smoked e.g.		
		how many do you smoke per day?		
	Cessa	ation date if applicable:		
local stop smo	· -	support is available to help you quit. Call your 0300 123 1220 and press 1 for stop smoking		
(1 glass of wir	$ne = 1$ unit, $1 \sin g$	alcohol do you drink per week? gle measure of Spirits = 1 unit, 1 pint of beer = 2		
		ng any difficulties with drugs and/or alcohol, e contact details below		
The Forward	d Trust			
Helpline avai	lable 24/7- 030	0 123 1186		
Or email - ea	stkent@forward	dtrust.org.uk		
· ·	ry much for takin s to update your r	g the time to complete the questionnaire, which nedical records		
Primary Healt	hcare Team			

St Richards Road Surgery