

## **New Patient Questionnaire.**

**Please print out and complete the questions below and bring them to your consultation.** This will help the Integriti GP to optimise your consultation and examination time. Please do not worry if you are unsure about any of the questions, your Integriti GP will explain anything. We look forward to seeing you in your consultation.

**Name**

**DOB**

**Occupation**

1. Smoker/Nonsmoker/Ex-smoker
2. Alcohol (standard drinks each week, number of alcohol-free days each week)
3. Who is your usual GP?
4. Past medical history (Please make a note of any medical conditions you are known to have)
5. Past gynecological history (Please make a note of any gynae conditions you are known to have)
6. Menstrual History
7. Are you having periods/post-menopausal?
8. What is the first day of your last period?
9. Are your periods regular?

10. How many days are there between your periods?
11. Are you using any form of contraception/hormonal treatment?
12. How many pregnancies have you had?
13. How many children have you delivered?
14. Have you had normal deliveries/Caesars/both?
15. Have you any problems with your pelvic floor?
16. Have you had any urinary problems-frequency, leakage or passing urine more than once a night?
17. Have you had any bowel problems-frequency, leakage or opening your bowels during the night?
18. Are you on any regular medications?
19. Do you take any supplements?
20. Do you have any allergies?
21. What questions do you want to discuss? *(please continue as necessary)*