**New Patient Medical – Pennan Practice.**

As your medical notes from your previous Doctor take some time to get to us we ask all new patients to complete this confidential questionnaire .These measures will give us a useful baseline and help us to readily identify any problems. Please complete this questionnaire and return it to reception.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | DOB |  |
| Address |  | Mobile |  |
|  |  | Marital Status |  |
| Post Code |  |  |  |
| **Emergency Contact** |  | Relationship |  |
| Contact Details |  |  |  |

**HAVE YOU PREVIOUSLY BEEN REGISTERED WITH THIS PRACTICE Y/N**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you suffered from any of these illnesses | | |  | Has anyone in your family suffered from any of these | | |
| **Your History** | Yes | No |  | **Family History** | Yes | No |
| Asthma |  |  |  | Asthma |  |  |
| COPD |  |  |  | COPD |  |  |
| Diabetes |  |  |  | Diabetes |  |  |
| Epilepsy |  |  |  | Epilepsy |  |  |
| Hypertension |  |  |  | Hypertension |  |  |
| MI |  |  |  | MI |  |  |
| Angina |  |  |  | Angina |  |  |
| Coronary Disease |  |  |  | Coronary Disease |  |  |
| Stroke |  |  |  | Stroke |  |  |
| Kidney Disease |  |  |  | Kidney Disease |  |  |
| Cancer |  |  |  | Cancer |  |  |
| Hyperlipidaemia |  |  |  | Hyperlipidaemia |  |  |
| Vasc Disease |  |  |  | Vasc Disease |  |  |
| Thyroid Disease |  |  |  | Thyroid Disease |  |  |
| Mental Health |  |  |  | Mental Health |  |  |
| Other |  |  |  | Other |  |  |

|  |
| --- |
| **Operations or disabilities** (List below) |
|  | |
|  | |
|  | |
|  | |
|  | |
| **Medication** | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **Allergies** | |
|  | |
|  | |

**Smoking Alcohol Consumption**

|  |  |
| --- | --- |
| Never Smoked |  |
| Current smoker |  |
| Ex smoker |  |

|  |  |
| --- | --- |
|  |  |
| Units per week |  |
|  |  |

Have you ever had your BLOOD PRESSURE TESTED **Yes/No**

If so, when ………………………… Has it ever been high/low **Yes/No**

|  |
| --- |
| **Any Immunisations** (List below) |
|  | |
|  | |
|  | |
|  | |

**FEMALE PATIENTS ONLY**

LAST SMEAR RESULT:

Do you use the Pill/Sheath/Coil/Cap/Nothing?

If you take the contraceptive pill, which one?

How long have you taken it for?

Are you fitted with the coil **Yes/No**. When was it fitted

Have you ever had a miscarriage/termination. If so when?

Have you ever had a hysterectomy? **Yes/No**  When

Are you immune to Rubella (German Measles)? **Yes/No**

Last Breast Screening Result (if applicable)

**CARERS**

Are you a carer? Either formally or informally? **Yes/No**

|  |
| --- |
| Any other useful information you wish to share |
|  | |
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**Information Sharing/ Key Information Summary (KIS):**

A The Key Information Summary (KIS) is a collection of information about a patient extracted from the patient’s general practice record.

A KIS has to be specifically created for each patient.  This is a task normally carried out by a doctor, and with the consent of the patient or their carers.  The KIS information is shared centrally making this information available to other people and services looking after the patient, eg, **Out of Hours services, Scottish Ambulance Service or NHS24** may use the KIS to gain more information about people they are in contact with.

The aim is that better information and planning for these patients can help keep them at home or in the community, reducing unnecessary hospital care.

I consent to my information being shared via a Key Information Summary if my doctor decides that it is appropriate to do so.

Please provide next of kin details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

**Consent:**

We use a text reminder service to remind you of your upcoming appointments and occasionally Health Campaigns, for example, previously during Flu season (for those patients eligible).

Following the introduction of GDPR, we require your consent to send you messages this way.

I CONSENT to:

Receiving text message appointment reminders and Health Campaign Information

We will confirm with you once your registration with the practice has been completed.  Until the registration is completed we will not be able to issue prescriptions or book appointments for you. **If you are on repeat medication from your previous GP you must produce evidence i.e. the re-order form.**

**Please indicate whether you would like your prescription to go to a chemist ?**

**I give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB to act on my behalf in relation to the following : -**

**Collection and ordering of prescriptions**

**Sick Line Collection**

**Results to be given to authorised person**

**ETHNIC ORIGIN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** |  |  | **Asian, Asian Scottish or Asian British** |  |
| Scottish |  |  | Pakistani, Pakistani Scottish or Pakistani British |  |
| English |  |  | Indian, Indian Scottish or Indian British |  |
| Welsh |  |  | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |  |
| Northern Irish |  |  | Chinese, Chinese Scottish or Chinese British |  |
| Irish |  |  | Other |  |
| Gypsy/Traveller |  |  |  |  |
| Polish |  |  | **African, Caribbean or Black** |  |
|  |  |  | African, African Scottish or African British |  |
| **Other Ethnic Group** | |  | Caribbean, Caribbean Scottish or Caribbean British |  |
| Arab |  |  | Black, Black Scottish or Black British |  |
| Other |  |  | Other |  |

|  |  |
| --- | --- |
| Any other white group |  |
| Any mixed or ethnic group |  |

**INTERPRETER**

Do you need an interpreter? If so, which language:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |