

DAWLEY MEDICAL PRACTICE

NEW PATIENT QUESTIONNAIRE – PLEASE COMPLETE ALL PAGES

Your named GP at Dawley Medical Practice will be one of the following GPs	Dr H Bufton, Dr N Murphy, Dr J Davies, Dr K Lovett, Dr O Nwanneka
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PATIENT DETAILS			
Name:	Today's Date:		
Home Phone No:	Date of Birth:		
Work Phone No:	NHS No:		
Mobile No:	Email address:		
Preferred method of contact: (please tick)			
<input type="radio"/> Letter	<input type="radio"/> Phone (home)	<input type="radio"/> Phone (mobile)	<input type="radio"/> Email

NEXT OF KIN/EMERGENCY CONTACT DETAILS			
Name:	Address:		
Relationship:			
Phone Number:			
Please tick below all that apply			
<input type="radio"/> Next of Kin	<input type="radio"/> Emergency Contact	<input type="radio"/> Can discuss record	
Patient signature:			

FAMILY LINKS – let us know of any family members in the household who are registered at Dawley		
FAMILY MEMBER NAME	DATE OF BIRTH	RELATIONSHIP

ETHNICITY – Please tick your ethnicity	
<input type="radio"/> White - British	<input type="radio"/> Asian or Asian British - Indian
<input type="radio"/> White - Irish	<input type="radio"/> Asian or Asian British - Pakistani
<input type="radio"/> White - Other	<input type="radio"/> Asian or Asian British - Bangladeshi
<input type="radio"/> Mixed - White and Black Caribbean	<input type="radio"/> Asian or Asian British - Other
<input type="radio"/> Mixed - White and Black African	<input type="radio"/> Black or Black British - Caribbean
<input type="radio"/> Mixed - White and Asian	<input type="radio"/> Black or Black British - African
<input type="radio"/> Mixed - Other mixed groups	<input type="radio"/> Black or Black British - Other
<input type="radio"/> Any other ethnic group (Please specify)	<input type="radio"/> Chinese

COMMUNICATION NEEDS	
Are you visually impaired?	Yes/No
Are you speech impaired?	Yes/No
Are you hearing impaired?	Yes/No
What is your first language?	
Do you require an interpreter?	Yes/No
Opt out of text reminders	
Please tick if you would like to OPT OUT of appointment reminders and information on upcoming closures and events via text message.	

CARERS	
Do you care for another person?	
Do you have a Carer?	
*If yes to either of the above, please ask reception for the Carer's form	

VETERANS	
Are you an armed forces or military veteran? (this includes reserves)	Yes/No

ADDITIONAL NEEDS	
Are you registered disabled? If so, please give details	
Are you a wheelchair user or have any other mobility requirements? If so, please give details	

MEDICATION (if you have a copy of your repeat medications, please attach it to this form)		
Name of Drug	Tablet Strength	Dosing Instructions
NOMINATED PHARMACY:		

HEALTH AND MEDICAL BACKGROUND		
HEIGHT:	WEIGHT:	BLOOD PRESSURE:
LONG STANDING MEDICAL CONDITIONS (please specify)		
ALLERGIES (please specify)		

FAMILY HISTORY		
Are there any serious illnesses that affect/have affected your parents or siblings? (please give details of family member(s) & approximate age)		
Diabetes	Heart attack after 60	Heart attack before 60
Breast Cancer	High Blood Pressure	Asthma
Stroke	Bowel Cancer	Thyroid Disorder

SMOKING & ALCOHOL STATUS

Smoker/Ex-Smoker/Never Smoked	(Smokers) Would you like to receive information on stopping smoking?	*Yes/No
(Smokers) How many a day?		
Do you use a Vape/E-Cigarette?		
Do you drink alcohol?		
How many units do you consume each week?		

One Standard Drink is

 Half pint of regular beer, lager or cider	 1 small glass of wine	 1 single measure of spirits	 1 small glass of sherry	 1 single measure of aperitifs
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The following quantities of alcohol contain more than 1 standard drink

 2	 3	 1.5	 2 440ml	 4 440ml	 2	 9
Pint of Regular Beer/Lager/Cider	Pint of Premium Beer/Lager/Cider	Alcopop or can/bottle of Regular Lager	Can of Premium Lager or Strong Beer	Can of Super Strength Lager	Glass of Wine (175ml)	Bottle of Wine

SUMMARY CARE RECORD (SCR)

The NHS Summary Care record is an electronic record of important information about your health. It will be available to healthcare staff providing your NHS Care.

Are you happy to have a Summary Care Record?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> *More time to decide/require more details
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Patient Participation Group (PPG)

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. If you are interested in getting involved, please tick the box and we will arrange for the Practice Patient Participation Group Application Form to be sent to you.

Please tick if you are interested in becoming involved in the Practice PPG	
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OFFICE USE ONLY

RECEPTION CHECKS	STAFF INITIALS & DATE	ADMIN CHECKS	STAFF INITIALS & DATE
Forms completed		Computer template completed	
Address in area		Relationship screen completed	
*Carer's leaflet given		Pharmacy nomination updated	
*Smoking leaflet given		Check record has come GP2GP	
*SCR Leaflet given		If records not received GP2GP, summary requested from previous GP	

*If applicable or requested