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|  | Peterloo logo for use on A4 documents  **New Patient Questionnaire** |
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**To ensure your medical records are as up to date as possible, please complete all sections below**

**If you need help filling in this form please ask reception – Larger print available.**

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| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | |
| **Mr** | ⭘ | **Mrs** | ⭘ | | **Miss** | ⭘ | **Ms** | | | ⭘ | | **Mx** | | ⭘ | | **Other** | ⭘ |
| **First Name** | | | |  | | | | | | | | | | | | | |
| **Surname** | | | |  | | | | | | | | | | | | | |
| **Date of Birth** | | | |  | | | | | | | | | | | | | |
| **Home Address** | | | |  | | | | | | | | | | | | | |
| **Postcode** | | | |  | | | | | | | | | | | | | |
| **Home Telephone** | | | |  | | | | | | | | | | | | | |
| **Work Telephone** | | | |  | | | | | | | | | | | | | |
| **Mobile Telephone** | | | |  | | | | | | | | | | | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | |
| **Gender Identity** (please circle) | | | | Female  (including Trans women) | | | | | Male  (including Trans men) | | | | Non-Binary | | | | |
| **Is your gender identity the same as the gender you were given at birth?** | | | | | | | | ⭘ YES ⭘ NO | | | | | | | | | |
| **Sexual Orientation** (please circle) | | | | Heterosexual / Straight | | | | | Lesbian / Gay | | Bisexual | | | | In Other Way | | |
| **We currently use a text messaging service to remind patients of appointments, health campaigns etc.**  **Do we have your consent to do so?** | | | | | | | | ⭘ YES ⭘ NO | | | | | | | | | |
| **Would you like to register for Patient Online services where you can order repeat medication and book appointments online** | | | | | | | | ⭘ YES ⭘ NO | | | | | | | | | |

**Communication Needs**

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| **Do you have any specific communication needs?** | ⭘ YES ⭘ NO |
| **How can we support you with your communication needs? e.g. larger font, yellow paper, loop system** |  |

**If under 18 years of age**

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| **Any previous surname(s)?** | ⭘ YES ⭘ NO |
| **If yes – please state previous surnames** |  |
| **Name of Nursery / School / College** |  |
| **Has there been any Child Protection issues previously? (required by health authorities with new registrations)** | ⭘ YES ⭘ NO |
| **Are both parents registered at the surgery?** | ⭘ YES ⭘ NO |
| **If no – are you happy to share the details (name) of the other parent and GP practice?** | ⭘ YES ⭘ NO |
| **Name of other parent** |  |
| **GP Practice of other parent** |  |
| **If under 5 years of age, new registration will be shared with the local health visiting team** | |

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| **What is your first spoken language** |  | |
| **Do you require an interpreter for appointments?** | ⭘ YES ⭘ NO | |
| **What is your ethnic group?** | **White British** |  |
| **White Irish** |  |
| **Black British** |  |
| **Black Caribbean** |  |
| **Black African** |  |
| **Indian or British Indian** |  |
| **Pakistani or British Pakistani** |  |
| **Chinese** |  |
| **White and Black Caribbean** |  |
| **White and Asian** |  |
| **White and Black African** |  |
| **Other (please state)** |  |

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| **Have you ever been in the Armed Forces?** | ⭘ YES ⭘ NO |
| **Do you have a carer?** | ⭘ YES ⭘ NO |

**Current Medical Conditions**

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| **Please list any current medical conditions which may require monitoring or medication i.e. chronic diseases, cancer etc** | |
| **Diagnosis** | **Diagnosis Date** |
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| **Are you on any repeat medication?** | ⭘ YES ⭘ NO |
| **If yes, please attached a copy of your regular medication from your previous GP** | |

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| **Do you have any allergies?** | ⭘ YES ⭘ NO |
| **If yes, please state** |  |

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| **Smoking Status** | | | |
| Current Cigarette Smoker | ⭘ | If yes number smoked per day \_\_\_\_\_\_\_\_\_\_ | |
| Ex-Smoker | ⭘ | Never Smoked | ⭘ |
| **Would you be interested in being referred to the Living Well Group to help with stopping smoking?** | | ⭘ YES ⭘ NO | |

**Confidentiality**

Please be aware that any information provided on this health questionnaire is treated with complete confidence and will be added only to your own medical record.

**DNA Policy**

At Peterloo Medical Centre, we have a policy for patients who repeatedly fail to attend appointments. If you are unable to attend for your appointment please contact the surgery so we can offer the appointment to another patient

**ShareforYou**

From January 2019 your GP records will be available to view to other health and social care professionals outside the GP surgery directly involved in your care. See <http://www.hmrshareforyou.nhs.uk> for more information.

Please ask at reception for our ShareforYou leaflets.

**Care Navigation and Signposting**

All of our receptionists are trained in care navigation and can signpost patients to external services where appropriate. When you telephone for an appointment you will be asked to provide a brief description of the reason for the appointment. Please share this with them as it allows the surgery to signpost you to the most appropriate service.