**New Patient Questionnaire**

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| **Full Name:** | **DOB:** |
| **Home number:** | **Mobile number:** |
| **Work number:** | **E-mail address:** |
| **Do you give consent for us to contact you via text message?** YES NO*Please be aware if you say “NO” you* ***will not*** *receive appointment reminders via text*  |

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| **Marital Status:** (Please circle) | Common Law Partnership | Divorced | Married |
| Separated | Widowed | Single |
| **Your Occupation:**  |

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| **What would you consider your Ethnicity to be?** (Please circle) |
| English | Welsh | Scottish | Northern Irish | Irish |
| Gypsy/Irish Traveller | White and Black Caribbean | White and Black African | White and Asian | Chinese |
| Indian | Pakistani | Bangladeshi | African | Caribbean |
| Other White background | Other Asian/Multiple Asian background | Other Black/African/Caribbean multiple background | Other mixed multiple background |
| **Are you an English Speaker?**  | YES | NO | **First Language spoken:**  |
| **Do you need an interpreter?**  |
| **Do you have any specific communication needs?** *Please tick* |
| □ Blind  | □ Partially sighted  | □ Deaf  | □ Hearing Impaired |
| □ Memory problems | □ Learning disability | □ Autism | Please specify other: |
| **If you ticked one of the above**, how should we contact you? (If you would like us to contact you via another person please provide their details.) |

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| **Next of Kin’s Name:** | **Relationship:** |
| **Contact Number:** |

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| **If the patient registering is under 18 years old, please give us name and contact number of parents/guardians.** |
| Parent 1: | Contact Number: |
| Parent 2: | Contact Number: |
| **Local School/Nursery attended** |

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| **Do you look after someone/Are you a carer?**  |  | **Does someone look after you/Do you have a carer?**  |
| What relationship is the person you care for? | Carers name: |
| Carers contact number: |

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| **Do you suffer from any of the following?** (Please circle/Give details if necessary) |
| Asthma | Epilepsy | Diabetes | Stroke |
| TB | Heart attack | Heart Problem | Cancer |
| Depression  | Mental Health Illness | COPD | High Blood Pressure |
| Thyroid | Dementia  | Atrial Fibrillation  |  |
| Any other important illnesses?  |
| **Are you allergic to any medicines or dressings?** | Please give details: |

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| **Please attach a repeat slip for any repeat medications you are currently taking** |

**If you’d like to nominate a pharmacy to send your prescriptions electronically to please state here:**

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| **Do you smoke?**  | **Are you an ex-smoker?**  |
| If Yes how many a day?  | Would you be interested in smoking cessation advice?  |
| **How many units of alcohol do you drink in a typical week?** [ ](one unit is a glass of wine, one measure of spirit or half a pint of beer)  |
| **What is your height in metres?**  | **What is your weight in kg?**  |

**Are you homeless or an asylum seeker?** If so please let us know as we can offer you a free health assessment and support and can signpost you to additional services who will be able to help you!

Please Circle.

**I am currently homeless**  **I am an asylum seeker**

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| **Summary Care Record -** The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatmentSee attached information on Summary Care Records for further information |
| [ ] I Express **consent** for medication, allergies and adverse reactions only |
| [ ] I Express **dissent** – I do not want a summary care record & fully understand the risks involved with this decision (If you wish to OPT out please complete the document attached) |
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| **EDSM – ENHANCED DATA SHARING MODEL -** Allowing your GP to share your record in the “SystmOne” database helps to deliver better and safer care for you |
| **Sharing Out –** Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you? | **YES NO**(please circle) |
| **Sharing In –** Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you? | **YES NO**(please circle) |

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| **To opt out of the Virtual Patient Participation Group (PPG) put a tick this box** [ ] |
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| **Your allocated named General Practitioner will be Dr Lucy Laurance.** However, we are a group practice and as such you are still able to see any GP for your problem depending on availability.  |