New Patient Registration Health Questionnaire

Please complete this confidential questionnaire (one for each member of the family to be registered with the practice).

Personal Details	
Title:	
Surname:	Forename:
Middle name:	Previous Surname:
Date of Birth:	
Gender: Male/Female	Marital Status:
Religion:	

Home Address	
House name/Flat Number:	
Number and Street:	Postcode:
Town/City:	County:

Contact Details	
Home number:	Mobile Number:
Email Address:	

Your Ethnic origin: please tick			
White (UK)	White (Irish)	White (Other)	Caribbean
African	Asian	Other Mixed Background	Indian/Brit Indian
Pakistani/Brit Pakistani	Bangladeshi/Brit Bangladeshi	Other Asian Background	Other Black Background
Chinese	Other		

Your main or 1st language Spoken/Understood (select one)					
English	Hindi	Gujrati	Urdu	Bengali	Punjabi
Polish	Ukranian	French	German	Spanish	Other:
Other: Please Specify					
Do you need an interpreter?					
Do you require information in alternative format?					

Next of Kin	
Name of Next of Kin:	Relationship:
Next of Kin Contact No:	Next of Kin Email Address:
Next of Kin address (if different from above):	

Smoking status					
Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If yes, how many cigarettes / cigars / tobacco do you smoke in a week?					
If you would like to stop smoking please ask for details at reception					

Alcohol Consumption	
How much alcohol do you drink in a week (Units)? (One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)	

Your Medical Background				
Do you have any medical problems at present?				
Please list any tablets, medicines or other treatments you are currently taking: (inc dose and frequency)				
Do you have any known illnesses?				
Do you have any allergies?				
Please list any medicines, tablets or other treatments you are currently taking: (incl. dose + frequency)				
Are you able to administer your own medicines?	Yes	No Please detail specific issues (eg swallowing, opening containers)		
Do you have any family history of the following: (please tick)	Diabetes	Heart Attack	Heart Attack under age of 60	Bowel Cancer
	Breast Cancer	High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family illness:	

Immunisation History				
What immunisations have you had?				
Diptheria	Measles	German Measles	Tetanus	
Polio	MMR	Whooping cough	Pre-school booster	Triple vaccine (diptheria, tetanus, polio) – 3 doses
Other				

Specific Needs			
Please state any sensory impairment you have (i.e speech, hearing, sight)			
Are you an 'Assistance Dog' User?			
Please state any physical disabilities you have:			
Please state any Mental disabilities you may have:			
Please state any requirements you have to be able to access the practice premises			
Please state any religious or cultural needs:			
Please state any specific nutritional requirements you have:			
Please state any allergies and sensitivities you have:			
Carer Details			
If you <u>are</u> a Carer, please state the name/address/phone number of the person you care for:	**<u>Person Cared for Contact Details:</u>**		
If you <u>have</u> a carer, please state their name/address/phone number:	**<u>Carer Contact Details</u>**		
Please sign here if you wish us to disclose information about your health to your carer	**Signed:**	**Date:**	
Do you have a "living will" (a statement explaining what medical treatment you would not want in the future)?	**If yes, please bring a written copy of it to your new Patient Consultation**		
Have you nominated to speak on your behalf (eg. a person who has power of attorney)?			
Women Only			
When was your last smear		Was this at your GP's Surgery	
What was the result of the smear?			

Summary Care Records

The NHS are changing the way your health Information is stored and managed. The NHS Summary Care Record is an electronic record of Important information about your health. It will be available to health care staff providing your NHS Care.

Are you happy to have a summary care Record	Yes	No

Information sharing and Care Data

Identifiable information about you will be shared with others in the following circumstances:

- To provide further medical treatment for you e.g. from district nurses and hospital services
- To help you get other services e.g. from the social services.
- When we have a duty to others e.g. in child protection issues for the best interest of the child

Patient Information is not shared with any third party outside the Health Services without your consent. Confidential information from your medical records can be used by the NHS to improve the services offered so we can provide the best possible care for everyone.

This allows those planning NHS services or carrying out medical research to use information from different parts of the NHS in a way, which does not identify you.

If you have any concerns or wish to prevent this from happening, please complete the relevant form

Patient Access

Patient Access is a service that allows you to access your practice online.
Using Patient Access, you can view, book and cancel appointments online, Order Repeat prescriptions.

Would you like a patient access account? (For Over 16 patients only)	Yes	No
Would you to opt out of our text messaging service	Yes	No