



New Patient Questionnaire- Adult

The practice has a web based patient participation group, if you would like to participate please check our website for information and updates.


<u>Personal Details</u>			
Surname:			
Forename(s):			
Date of Birth:			
Address:			
Post Code:		Telephone No:	
Mobile No:		Occupation:	
Do you consent to us contacting you via SMS text? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to us contacting you via email? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email:	
Are you housebound? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a carer? Yes <input type="checkbox"/> No <input type="checkbox"/> *see below	
Are you a Military Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you cared for? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any specific disabilities or access needs we need to be aware of?			
Do you have any communication requirements? E.g. Hearing loop. If so, please state:			
<u>Ethnicity & Language</u>			
The Government has requested that we record the ethnicity and first language of all of our patients. Please tick the category which best describes you:			
White British <input type="checkbox"/>	Mixed British <input type="checkbox"/>	Other Black Background <input type="checkbox"/>	White and Asian <input type="checkbox"/>
White British and Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other mixed Background <input type="checkbox"/>	Other Asian Background <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani or British Pakistani <input type="checkbox"/>	
Other White Background <input type="checkbox"/>	African <input type="checkbox"/>	Indian or British Indian <input type="checkbox"/>	
Other ethnicity not listed above:			
What is your first language?			
If not English, do you require a translator?			
<u>Family History</u> (Parents, brothers, sisters or children)			
Asthma	Stroke	Bowel Cancer	Breast Cancer
Diabetes	Heart trouble	High Cholesterol	
Other inherited disease (please state):			

*This is to enable us to support you as a Carer. For example inviting you in for immunisations which you would not








<u>Illness, Drugs and Treatment</u>	
Please nominate a pharmacy, for prescriptions to be sent to	
If you are on repeat medication please attach a copy of your repeat prescription slip.	
This is available from your pharmacy or previous GP Surgery.	
Please give details of any important illnesses or operations you have had. Please include any dates.	
Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please tell us about your allergy/allergies:	
<u>Lifestyle</u>	
How much do you weigh?	What is your height?
EXERCISE - Please tick which category best describes you:	
Avoid exercise <input type="checkbox"/>	Aerobic exercise twice a week <input type="checkbox"/>
Aerobic exercise once a week <input type="checkbox"/>	Aerobic exercise more than 3 times per week <input type="checkbox"/>
Light exercise (no noticeable change in breathing pattern) <input type="checkbox"/>	
SMOKING	Do you smoke? If Yes, how many per day?
	Have you ever smoked? Yes <input type="checkbox"/> No <input type="checkbox"/> Date ceased smoking approx
	Do you use an E-Cigarette? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please complete the attached questionnaire regarding your alcohol consumption. We have provided some information below for your reference.	

receive if we did not know you were a Carer. It is not about whether you receive Carers Benefits or not.

This is one unit of alcohol...

	Half pint of "regular" beer, lager or cider		Half a small glass of wine		1 single measure of spirits		1 small glass of sherry		1 single measure of aperitifs
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...and each of these is more than one unit

						
2	3	1	2	4		9
Pint of "regular" beer, lager or cider	Pint of "strong" or "premium" beer, lager or cider	Alcopop or a 275ml bottle of regular lager	440ml can of "regular" lager or cider	440ml can of "super strength" lager	250ml glass of wine	75cl Bottle of wine (12%)

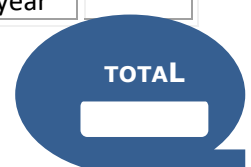
AUDIT-C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Remaining AUDIT question

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence



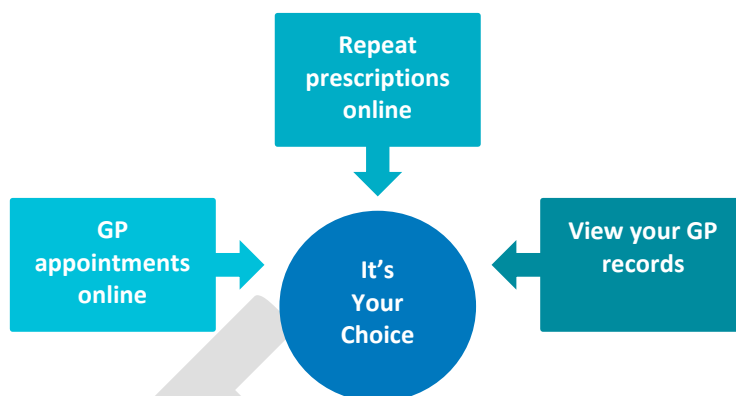
Online Services Records Access - Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Forgotten history There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news if your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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Consent to proxy access to GP online services

Section 1

I/we,..... (name of patient), give permission to my GP practice to give the following people proxy access to the online services as indicated below in section 2.

I reserve the right to reverse any decision I make in granting proxy access at any time.
 I understand the risks of allowing someone else to have access to my health records.
 I have read and understand the information leaflet provided by the practice

Signature of patient	Date
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Section 2

Online appointments booking	<input type="checkbox"/>
Online prescription management	<input type="checkbox"/>
Accessing the medical record for (name of patient)	<input type="checkbox"/>

Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2 for (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	<input type="checkbox"/>
I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

Signature/s of representative/s	Date/s
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>			