

QUAY LANE SURGERY

NEW PATIENT CONFIDENTIAL HEALTH QUESTIONNAIRE – ADULT

This set of questions has been designed to help your new doctor get to know you, your medical problems and things relevant to your health and well-being. The answers will be handled in absolute confidence by the Surgery and never released to any other parties including family members without your prior permission.

If you do not wish to answer any of the questions please leave them blank and, if you would like to, they can be discussed at your first appointment or in the future.

Date

Name Date of Birth.....

Home Number..... Mobile Number.....

Address

.....Occupation: Marital status:

Are you happy to receive text message reminders for appointments? YES/NO

Do you have any communication/information needs relating to a disability, impairment or sensory loss (if yes what are they i.e. braille, sign language)

.....

The medical staff are interested in your general health and lifestyle, and are here to give help and advice with regard to many health issues. At the practice we offer help for people who wish to stop smoking, wish to lose weight, exercise advice and need advice about alcohol intake.

Do you smoke? **YES** **NO**

If yes: How many cigarettes/cigars/pipe do you smoke per day?

If you are an ex-smoker - how many did you smoke a day

How many units of alcohol do you drink each week? _____

(The number of units in 1 litre is the % proof of the drink e.g. 1 litre of wine at 13% proof is 13 units
 – 1 unit is approximately 1/3 of a pint of beer or 1/2 a standard (175ml) glass of wine – www.units.nhs.uk)

Is your diet: good..... average poor.....

What exercise do you do in a week?

Are you allergic/sensitive to anything? e.g. latex, medicines, food, animals elastoplast etc

.....

List all medications you take on a regular basis and the reason they were prescribed:

Name of Medication	Strength	Dosage (how many per day)	Reason it was prescribed

We offer contraceptive services and well-woman checks.

What form of contraception or HRT do you use?

What date was your last cervical smear?
Was the result normal or abnormal?

PERSONAL MEDICAL HISTORY - Have you ever suffered from:

Mini Stroke/TIA	No/Yes (give date).....	Diabetes	No/Yes (give date)
Raised blood pressure	No/Yes (give date)	Heart Disease	No/Yes (give date)
Stroke	No/Yes (give date)	Asthma	No/Yes (give date)

Have you suffered any other medical conditions or had any operations? If yes, please state dates:
.....
.....
.....

FAMILY HISTORY - includes parents, brothers and sisters, prior to age 65 years

Have any of the above suffered:

Mini Stroke/TIA	Yes/No	Diabetes	Yes/No	Raised blood pressure	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No	Asthma	Yes/No
Cancer	Yes/No	If yes, where of?			

Are you up to date with the tetanus schedule? YES/NO/Not Sure
Date of last booster (if known):
Are you a full time carer for anyone? YES/NO If Yes, who?.....

Height Weight

Are you in a relationship: YES/NO If yes, please circle most appropriate:

Married/Civil Partnership/same sex partner/opposite sex partner

How do you identify yourself? (please circle most appropriate)

Heterosexual or straight/Lesbian/Gay/Bisexual/Transgender

If you would like to see a doctor, please make an appointment. If you are taking medication you will need to see a doctor before you receive a prescription. Please book in for a new patient health check and bring your previous prescription with you so that your medication can be prescribed.

Thank you for taking the time to complete this form and returning it to us.

QUAY LANE SURGERY

ETHNICITY

Please help us by providing information about your Ethnic Group

The Department of Health has asked us to record the ethnic origin of all new patients. This information will be added to your medical record.

If you do not wish to provide this, please tick the 'Information Refused' box at the end of the list.

First Spoken Language:

Please tick the description which you feel is most appropriate:

White – British		Asian or Asian British – Bangladeshi	
White – Irish		Other Asian Background	
Other White Background		Black or Black British – Caribbean	
Mixed – White & Black Caribbean		Black or Black British – African	
Mixed – White & Black African		Other Black Background	
Mixed – White & Asian		Chinese	
Other Mixed Background		Other Ethnic Background	
Asian or Asian British - Indian			
Asian or Asian British – Pakistani		Information Refused	

ALCOHOL USE

Patient over 16 years of age only

Patient Name:

Date:

Please tick the relevant boxes below:

1. How often do you have a drink containing alcohol?

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

(a standard drink is one small glass of wine, half a pint of beer or a single measure of spirits)

1 or 2	3 or 4	5 or 6	7 to 9	10 or more

3. How often do you have six or more drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily

If you would like to be able to book appointments and order your repeat medication on-line then please ask for a consent form and information pack at reception, thank you.



Your Emergency Care Record

New patient letter

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice, please tick box below:

Yes I would like a Summary Care Record – you do not need to do anything and a Summary Care Record will be created for you.

No I do not want a Summary Care Record – please ask your surgery for an opt out form. **Please complete the form and hand it to a member of the GP practice staff.**

If you need more time to make your choice you should let your GP Practice know.

For more information talk to our Patient Advice and Liaison Service (PALS) (**01726 627967**), GP practice staff, visit the website (**www.cornwallandislesofscilly.nhs.uk**) or **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record Information Line on **0300 123 3020**.

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

Quay Lane Surgery