Pontesbury & Worthen Medical Practice New Patient Questionnaire

Each member of a family needs to complete all pages of this form prior to registration.

Title: Mr Mrs Miss Ms
Surname: Previous surname/s
Forename/s:
Address: Postcode:
Telephone number: Mobile: Our computer system allows us to contact you with text messages – are you happy for us to contact you in this way? This is only available for patient aged 16 and older. **Yes/No** If your preference changes please let us know
Date of birth: Place of birth:
NHS No: Occupation:
Your previous address in the UK (please include postcode):
Name and address of previous doctor whilst at that address:
Email: Do you consent to us contacting you by email? This is only available for patient aged 16 and older **Yes/No** If your preference changes please let us know

Family History

				If Deceased	
	Name	Year of birth	Any serious illness	Cause of death	Age at death
Mother					
Father					
Brothers 1					
2					
3					
Sisters 1					
2					
3					
Partner					
Children 1					
2					
3					
4					

Significant Illnesses and Operations Please list with dates (include any past illnesses and operations)	
Have you any known allergies?	
Please list all current medications (including strength and dose)	
Do you have any information or communication needs due to a disability or sensory loss that makes it difficult to communicate with the surgery? **YES/NO** For example if you find using the telephone difficult would you prefer us to contact you by email? When we send you letters would you prefer them to be in large font? Please explain your needs here:-	

Smoking Status – Please indicate appropriate answers		
Never smoked	Ex- smoker Date stopped:	Smoker
Interested in quitting: YES NO		
How many cigarettes did/do you smoke?		

Help to Quit

If you do smoke and want to stop, the evidence is that with some extra support it is easier to stop, and more likely to be sustained having had support.
Our nurse can help you to quit, please ask the receptionist to book you in to see her.

Alcohol – Please circle the answer that is correct for you				
1. How often do you have a drink containing alcohol?				
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times a week (3)	Four or more times a week (4)
2. How many drinks containing alcohol do you have on a typical day when you are drinking?				
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)
3. How often do you have six or more drinks on one occasion?				
Never (0)	Less than monthly (1)	Monthly (2)	2 to 3 times per week (3)	4 or more times a week (4)

UNITS

Important Health Information	
Height	
Weight	
Date and result of last smear (if applicable)	

Nominated Contact Information

Do you have a nominated contact? This could be a carer, emergency contact or next of kin. If so please ask at reception and complete our 'nominated contact' form. This could include anything from naming a neighbour as an emergency contact to letting us know your next of kin. We will then add this information on to your medical record so that we are aware who to contact if necessary while caring for you.

A carer is defined as:
Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.

Do you have a carer? **YES/NO** Are you a carer? **YES/NO**

If you have answered yes we would like to be able to keep these details on our system. Please ask reception for our 'nominated contact' form. ***Please make sure they are aware we are recording this information if you give us someone else's detail***

Pontesbury & Worthen Medical Practice Record of Patient Ethnic Origin		
ETHNIC ORIGIN	✓	**Office Use**
WHITE		
British		**9i0**
Irish		**9i1**
Any other white background – please write below		**9i2**
MIXED		
White and Black Caribbean		**9i3**
White and Black African		**9i4**
White and Asian		**9i5**
Any other mixed background – please write below		**9i6**
ASIAN or ASIAN BRITISH		
Indian		**9i7**
Pakistani		**9i8**
Bangladeshi		**9i9**
Any other Asian background – please write below		**9iA**
BLACK or BLACK BRITISH		
Caribbean		**9iB**
African		**9iC**
Any other black background – please write below		**9iD**
CHINESE or OTHER ETHNIC GROUP		
Chinese		**9iE**
Any other black background – please write below		**9iF**
DECLINED		**9iG**

Please indicate your ethnic origin. This is not compulsory but may help with your healthcare as some problems are more common in specific communities and knowing your origins may help with the early identification of some of these conditions.

What is your first language?_____

Are you a military veteran? **Yes/No**

Are you a family member of a military veteran? **Yes/No**

Dr Kieran McCormack is the named accountable GP for all patients who are registered at Worthen Medical Practice. He will take responsibility for the co-ordination of all appropriate services and ensure that patients receive these where required. Patients are free to choose which member of the clinical team they wish to see when they visit the practice. If you would like the option to have another GP assigned to you please discuss this with the admin team.

Please indicate that you have been given a copy of our patient leaflet: **Yes/No**

Please indicate that you appreciate that we need 48 hours for any repeat prescription requests: **Yes/No**

We offer patients the facility to book appointments, request repeat medication and to view their medical record on line at 'Patient Online'. If you would like access to this secure website the reception staff are able to provide you with your personal log on. You will need to provide some form of photographic ID. Please note this service is only available for patients aged 16 years and over.
I would like access to 'patient online' and understand it is my responsibility to keep my password safe. **Yes/No**

Summary Care Record This enables specific healthcare staff outside the practice to view your medical information. We need to know whether you consent to this information being made available. Please select ONE from the following three options.

Option 1: Express consent for medication, allergies and adverse reaction only **Yes/No**

Option2: Express consent for medication, allergies and adverse reaction AND additional information (illnesses and health problems, operations and vaccinations, where you would prefer to receive treatment, what support you might need, who should be contacted for more information about you **Yes/No**

Option3: Express dissent (opted out) – You do not want a Summary Care Record **Yes/No**

Local Care Record This enables A&E departments at Royal Shrewsbury Hospital and Princess Royal Hospital to access a limited part of your record (such as long term conditions and medications). Again we need to know whether you consent to this information being made available **Yes/No**

The Health & Social Care Information Centre (HSCIC) are able to collect confidential information from your record (such as your postcode, NHS number, but not your name) and to extract GP data which they will use to help improve patient care and the services provided by the NHS.

Do you consent to your information being shared between the surgery and the HSCIC? **Yes/No**

Please read the attached information 'Your Data Matters to the NHS'. If you do not wish NHS digital to share your information further, as explained, you now need to make them aware of this by visiting the website www.nhs.uk/your-nhs-data-matters or by calling NHS Digital contact centre on 0300 3035678 or Via the NHS App. Under GDPR we are no longer able to do this on your behalf. Thank you

If you require any further information on any of the above before making your decision, please ask at reception. Many thanks for taking the time to fill out this form; if there is anything else you feel may be relevant please let us know below:

Signature: Signature on behalf of patient:

Date:

NB If there are changes to <u>any</u> of your contact details please let us know as soon as possible

Practice Use Identified by: Date: Vouching/Photo ID and proof of residence seen **(no need to take photocopy)**