New Patient Questionnaire

These questions help your new GP get to know you and your medical problems. Please return this form to the surgery as soon as possible or bring it when you first visit the doctor or nurse. Your registration may be delayed if you have not completed this form in full.

SURNAME	FIRST NAME(S)
MR/MRS/MISS/MS/DR/Other	PREVIOUS SURNAME
ADDRESS (including postcode)	
DATE OF BIRTH	HOME TEL NO
WORK TEL NO	MARITAL STATUS
OCCUPATION	DATE FORM COMPLETED
MOBILE TEL NUMBER	Can the practice use your mobile number to text you appointment reminders etc YES/NO

You must inform the surgery if you change address, or if any of your contact telephone numbers change.

Please indicate your ethnic origin:-

- □ English
- □ Irish
- □ Scottish
- □ Welsh
- □ Other White Background
- □ Pakistani or British Pakistani
- □ Bangladeshi or British Bangladeshi
- □ Other Asian or Asian Unspecified
- □ Black British
- □ Other Black Background
- □ Chinese
- □ White and Black Caribbean
- □ Caribbean
- □ White and Asian
- □ Indian or British Indian
- □ Other

Please list the names and dates of birth of any other householder, including children, who live at the address you have provided above.

Name	DOB	Relationship to You

Please provide the name and address of your next of kin

SURNAME:	FIRST NAME:
ADDRESS:	
HOME TEL NO:	MOBILE TEL NO:

Children

If you are new to the area and your child has changed schools, please provide the following.

Name and Address of Previous School	Name and Address of Current School

Please list all SERIOUS ILLNESSES, ACCIDENTS, HOSPITAL ADMISSIONS, and OPERATIONS you have had and give the dates they occurred. Also list PRESENT ILLNESSES that you have.

Are you on a waiting list for any hospital procedures?

Please list the medication (medicines or tablets) you are currently taking.
(Please provide a copy of your repeat prescription list from your previous GP. If you need repeat medication you MUST see one of our doctors BEFORE a prescription can be issued).

Are you allergic to any medicines or tablets?

Do you have any other allergies?

Women Only

Have you had a cervical smear?	YES	NO
If so, what was the date of your last smear?		
Have you had a mammogram?	YES	NO

Family History

Have you, your parents, or siblings (brothers/sisters) ever been diagnosed with any of the following illnesses? Please tick those which are applicable to you or your immediate family.

	YOU	FATHER	MOTHER	SIBLINGS
Diabetes				
If yes was this diagnosed under the age of 40	YES/NO	YES/NO	YES/NO	YES/NO
Heart Attack or Angina				
If yes was this diagnosed under the age of 60	YES/NO	YES/NO	YES/NO	YES/NO
Breast Cancer				
Bowel Cancer				
Any Other Cancer				
Stroke				
High Blood Pressure - Hypertension				
Glaucoma				
Hypothyroidism - Under Active Thyroid				
Mental Health Disorders – eg. Severe Depression/Schizophrenia/Psychosis/Bi-Polar				

Alcohol Consumption

Please let us know how much alcohol you drink in an average week by circling one answer to each of the following questions.

How often do you have a drink that contains alcohol?	Never	Once a month or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you consume on a typical day when you are drinking?	1-2	3-4	5-6	7-8	9+
How often do you consume 6 or more standard alcoholic drinks in one day?	Never	Less than monthly	Monthly	Weekly	Daily or most days

Exercise/Lifestyle

How much exercise do you do each week? We consider one session to be about 20 minutes of brisk walking/swimming/cycling or similar.

None	
One session per week	
Two sessions per week	
Three sessions or more per week	

What is your weight?		Has your weight changed recently?		
What is your height?		Do you smoke?	YES	NO
How many do you smoke per day?		If you are not a smoker now, have you ever smoked?	YES	NO
If you would like advice on stopping smoking please contact SMOKEFREE 0800 022 4 332				

Summary Care Record (SCR)
This refers to the national sharing of demographic data such as the patients name, address, current medications and allergies. The information is uploaded to a national database and can be accessed by other healthcare providers including hospitals and Out of Hours doctors, both locally and nationally, if they are involved in your care.

The practice is required to upload its patient's information to the national database. Whilst all patients should have received a letter from the Norfolk PCT some time ago advising them of this initiative, it is now very important that you decide if you are happy for your medical records to be shared in this way. By taking no action, we will assume you consent to sharing and your medical information will be automatically uploaded. Please indicate your preference by circling "Yes" or "No."

I would like a Summary Care Record	**YES / NO**

For more information www.nhscarerecords.nhs.uk

Care.data
This is a new national initiative developed by NHS England and managed by the Health and Social Care Information Centre (HSCIC) which is designed to collect patient identifiable data from different healthcare providers (GPs, hospitals and community services) and bring it all together in one place. They will use your date of birth, NHS number and postcode rather than your name to link the information.

Information include will be diagnoses, family history, referrals, examination findings & medications prescribed. The purpose is to help the NHS design and develop future services. Research will be carried out on the data and potentially by agencies outside the NHS. Data may be passed on to the commercial sector.

All patients are automatically opted IN but you can choose to **opt out**. Please indicate your preference below by circling "I do" or "I do not." More information can be found at www.nhs.uk/caredata

I do / I do not wish my surgery to share any identifiable information about me with the Health & Social Care Information Centre
I do / I do not want any information from other Healthcare Providers that identifies me to be used by the Health & Social Care Information Centre

Name………………………………………………………Date of Birth…………………

Signed……………………………………………………Dated………………………….

10 Feb 2016