

# New Patient Questionnaire

Staff only:  
#67DJ  
38D4 (audit c) 38D3  
(audit)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Telephone number (House): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name and contact number of next of kin: \_\_\_\_\_

Main language spoken if NOT English: \_\_\_\_\_

Ethnic Category Code (Please tick)

White			
A	British	<input type="checkbox"/>	9i0
C	Any other White background	<input type="checkbox"/>	9i2
B	Irish	<input type="checkbox"/>	9i1
Mixed			
D	White and Black Caribbean	<input type="checkbox"/>	9i3
E	White and Black African	<input type="checkbox"/>	9i4
F	White and Asian	<input type="checkbox"/>	9i5
G	Any other mixed background	<input type="checkbox"/>	9i6
Asian or Asian British			
H	Indian	<input type="checkbox"/>	9i7
J	Pakistani	<input type="checkbox"/>	9i8
K	Bangladeshi	<input type="checkbox"/>	9i9
L	Any other Asian background	<input type="checkbox"/>	9iA
Black or Black British			
M	Caribbean	<input type="checkbox"/>	9iB
N	African	<input type="checkbox"/>	9iC
P	Any other Black background	<input type="checkbox"/>	9iD
Other Ethnic Groups			
R	Chinese	<input type="checkbox"/>	9iE
S	Any other ethnic group	<input type="checkbox"/>	9iF

## SMOKING

1. Do You Smoke: Yes  No  (If no see section 2)

If yes do you SSmoke: Cigarettes  CiGars  Pipe  Roll-ups

How many ounces or cigarettes a day? \_\_\_\_\_

How many years have you smoked for? \_\_\_\_\_

If you would like help giving up, please see the leaflet on the back page.

2. Are you an Ex smoker: Yes  No  (If no see section 3)

If yes how many years did you smoke for? \_\_\_\_\_ How long ago did you stop?

What did you smoke: Cigarettes  Cigars  Pipe  Roll-ups

How many ounces or cigarettes a day \_\_\_\_\_

3. Are you a Passive smoker Yes  No  (if no see section 4)

4. Are you a life long non smoker? Yes  No

**CARERS**

Are you a carer Yes  No  if yes, please can we have the name of the person you care for: .....

and what is your relationship?.....

'Care for the carers' are available to help you on: 01323 738390. [www.cftc.org.uk](http://www.cftc.org.uk)

*A carer is a person who looks after someone at home because of their relationship with that person. A carer may be a relative / friend or neighbour and does not always live with the person cared for. A carer is not paid for the care they provide.*

Please feel free to ask for an appointment with our Health Care Assistant, Practice Nurse or GP for a 'Health check' to take your Blood Pressure, Weight, Height, test your urine and take a brief medical history.

**MEDICAL RECORDS**

We will apply for your medical records on the day you register with us, however, you need to allow approximately 6-8 weeks for them to arrive and up to a maximum of 8 weeks for us to process them. It is therefore essential that any important medical conditions are disclosed on this form.

**FEMALES**

If over the age of 50 have you attended for breast screening examination? Yes   
No

**PAST ILLNESSES**

Please list any serious illnesses/operations/accidents etc.

YEAR	ILLNESS ETC

**MEDICATION**

Please list any medication that you are taking, including the amount you take each day.

NAME OF DRUG	DOSE & HOW OFTEN TAKEN	MEDICAL CONDITION

You will need to book an appointment with your doctor for your first prescription. Please allow plenty of time before your medication runs out.

**ELECTRONIC PRESCRIBING**

We use an electronic prescribing service (EPS). This enables us to send your prescription electronically to a chemist of your choice. Please state the name and street name of your nominated pharmacy.

Name: \_\_\_\_\_ Street: \_\_\_\_\_

and sign here: \_\_\_\_\_.

**ALLERGIES**

If you have had any allergies to drugs, food or injections please list them and what happened.....  
.....  
.....

## **CONTACTING YOU**

In accordance with the General Data Protection Regulations the Practice needs consent from any patient that has a mobile phone and/or an answerphone that they are happy to receive appointment reminders and surgery information.

It is important that you ensure that we hold your up to date mobile telephone number to avoid a breach of confidentiality.

I **give** consent for the Practice to send SMS text messages to my mobile phone or leave a message on an answerphone as a reminder of pre-booked appointments and to provide surgery information.

I **do not give** consent for the Practice to send SMS text messages to my mobile phone.

Important information about our surgery can be found on our website:

[www.groveroadsurgery.co.uk](http://www.groveroadsurgery.co.uk)

## **SUMMARY CARE RECORDS**

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so. If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

**You need to make a decision Your GP practice is supporting Summary Care Records and as a patient you have a choice:**

- **Yes, I would like a Summary Care Record.** Please tick this box
- **Yes I would like a Summary Care Record with Additional Information.** As well as any allergies or adverse reactions or medications you are taking this also includes: anticipatory care information, significant medical history (past and present), reasons for medications, end of life care information (if any). Please tick this box
- **No, I do not want a Summary Care Record.** Please tick this box

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out.

**FAMILY HISTORY – serious illness and death only**

	Age of diagnosis if known.	Serious illness, heart, diabetes, stroke, cancer, etc	Age at death	Cause of death if known
FATHER				
MOTHER				
BROTHER				
SISTER				

**FOR FEMALES ONLY**

Date of last smear: ..... (Approx).

If appropriate, name/type of contraception:.....

Have you had a hysterectomy? Yes  No  If yes:

Was your cervix removed when you had the hysterectomy? Yes  No

.....

**CONSENT (Over 16's)**

Due to data protection, we will only give results and other medical information to the patient. If you would like someone else to be able to access your medical information, results etc, on your behalf, please complete the following:

DATE: ..... NAME: ..... DOB:

....., I authorise ..... to obtain medical results or information about myself both previous to me signing this form and future medical results or information from Grove Road Surgery.

Signed .....

Name:.....Date of birth:.....Date: .....

**UNITS**

Audit C



**1** Using the above chart, how many units do you have per week?

Scoring System						
Questions	0	1	2	3	4	Your Score
<b>2</b> How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
<b>3</b> How many standard alcoholic drinks do you have on a typical day when drinking?	1-2	3-4	5-6	7-8	10+	
<b>4</b> How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Scored 5 or more? – Please complete questions 5-11 (Audit)**

Total (Q 2-4)	
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**Alcohol Users Disorders Identification Test (AUDIT)**

Scoring System						
Questions	0	1	2	3	4	Your Score
<b>5</b> How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>6</b> How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>7</b> How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>8</b> How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>9</b> How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>10</b> Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
<b>11</b> Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence

By completing this form you may be contacted by an alcohol support worker.

*Patient – Please keep if relevant.*

Total (Q2-11)	
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# Grove Road Stop Smoking

If you would like help to stop smoking please call 01323 720606 or Call the free Smoke free National Helpline on: 0300 123 1044

## The Benefits of Stopping Smoking

***Stopping smoking can make a big difference to your health and lifestyle. It is never too late to stop smoking to greatly benefit your health. For example, if you stop smoking in middle age, before having cancer or some other serious disease, you avoid most of the increased risk of death due to smoking. Help is available if you find it difficult to stop smoking.***

### What are the health benefits of stopping smoking?

The benefits begin straight away.

You reduce your risk of getting serious disease no matter what age you give up. However, the sooner you stop, the greater the reduction in your risk.

- If you stop smoking you:
  - Reduce the risk of getting serious smoking-related diseases such as heart disease, cancers, COPD (chronic obstructive pulmonary disease) and peripheral vascular disease.
  - Reduce the risk of getting various other conditions which, although not life threatening, can cause unpleasant problems. For example: impotence (erection problems), fertility problems, optic neuropathy, cataract, macular degeneration, psoriasis, gum disease, tooth loss, osteoporosis and Raynaud's phenomenon.
  - Reduce the risk of pregnancy complications if you are pregnant.
- If you have smoked since being a teenager or young adult:
  - If you stop smoking before the age of about 35, your life expectancy is only slightly less than people who have never smoked.
  - If you stop smoking before the age of 50, you decrease the risk of dying from smoking-related diseases by 50%.
- But it is never too late to stop smoking to gain health benefits. Even if you already have COPD or heart disease, your outlook (prognosis) is much improved if you stop smoking.

### Timeline of health benefits after stopping smoking...

After...	Health Benefit...
72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase
1 month	Skin appearance improves owing to improved skin perfusion
3-9 months	Cough, wheezing, and breathing problems improve and lung function increases by up to 10%
1 year	Risk of a heart attack falls to about half that of a smoker
10 years	Risk of lung cancer falls to about half that of a smoker
15 years	Risk of heart attack falls to the same level as someone who has never smoked

### Other benefits of stopping smoking include:

- Your breath won't smell any more of stale tobacco.
- The smell of stale tobacco will also go from your clothes, hair, and home.
- Foods and drinks taste and smell much better.
- Finances improve. You will save well over £1000 per year if you smoked 20 a day.
- Better rates of insurance policies.
- You are likely to feel good about yourself.

### How can I stop smoking?

About 2 in 3 smokers want to stop smoking. Some people can give up easily. Willpower and determination are the most important aspects when giving up smoking. However, nicotine is a drug of addiction and many people find giving up a struggle. Help is available.

- Various medicines can increase your chance of quitting. These include Nicotine Replacement Therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges, and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name 'Zyban') and varenicline (trade name 'Champix') can help. These are available on prescription. See separate leaflets called '*Smoking - Nicotine Replacement Therapy*', '*Smoking - Helping to Stop with Bupropion*' and '*Smoking - Helping to Stop with Varenicline*'.

### References

- [Smoking cessation](#), Clinical Knowledge Summaries (April 2008)
- [Smoking cessation](#), NICE (2006)
- [Various factsheets and guidelines on smoking and smoking cessation](#), Action on Smoking and Health (various dates)

# Grove Road Surgery

**This practice is now offering online services**

**You can now book appointments, order repeat prescriptions and see some of the information in your GP records, including medications and allergies online.**

This surgery has a responsibility to look after your GP records. You must also take care online and make sure that your personal information is not seen by anyone who should not see it.

## **Keeping your username and password safe**



When you register to use GP online services, this surgery will give you a username and password, which you will use to log in. You should not share your login details with others.

To protect your information from other people:

- You should keep your password secret and it is best not to write it down. If you must write it down, keep a reminder of the password, not the password itself. This should be kept in a secure place.
- If you think someone has seen your password, you should change it as soon as possible. You may want to call the surgery if you are not able to change it right away, for example, when you do not have access to the internet.
- You should not share your user name or password. No one should force you to show them your login details; you have the right to say no. If someone forces you, tell the surgery as soon as possible.

## **Using a shared computer**

You need to take extra care when using a shared computer to look at your GP records online. This could be at the library, at work, at university or at home. To protect your personal information from others when using a shared computer, you should:

- Look around to see if other people can see what is on the computer screen. Remember, your GP records contain your personal information.
- Keep your username and password secret. Just like your bank account PIN, you would not want others to know how to get into your GP records.
- Make sure you log out when you finish looking at your records, so that no one else can see your personal information or change your password without your knowledge.

## **Incorrect information in your records**

On rare occasions, information in your GP records might be incorrect.

- If you find any incorrect information, you should let the surgery know as soon as possible.
- If you see information about anyone else in your records, log out immediately and let the surgery know as soon as possible.

*Surgery – give this page to the patient.*

# GROVE ROAD SURGERY - Application for Patient Online Services

Surgery – retain this section.

Surname		Date of birth:	
		(must be aged 16 or over)	
First name			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. View summary information in GP record (medications, allergies, bad reactions)	<input type="checkbox"/>

I wish to access services 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 incorrect, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date

**Patient - Please print this form out and bring it into the surgery in person with your photo ID**

**For practice use only #93440 and #91B**

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			
Detailed handed to patient			