Castle Donington Surgery - New Patient Questionnaire – Adult

OFFICE USE ONLY ** ID Seen	
Photo ID Seen ☐ Type ___________________	Address ID Seen ☐ Type ___________________

Please complete this confidential questionnaire, one for each member of the family. A separate GMS1 form will be required for every family member.

You must supply photocopies of TWO forms of identification with your completed forms, a photographic form of ID (such as a PASSPORT or DRIVING LICENCE) and proof of your home address (such as a recent BANK STATEMENT or UTILITY BILL)

If you have newly arrived to this country, please bring your passport to confirm place of origin.

Current details - please complete in BLOCK CAPITALS

TITLE:		FIRST NAME:		SURNAME NAME:	
GENDER:	☐Male ☐Female ☐Other:			PREV SURNAME:	
DATE OF BIRTH:				NHS NUMBER:	
Current address and postcode:					
				TELEPHONE NUMBER:	
				WORK NUMBER:	
				MOBILE NUMBER:	
				E-MAIL ADDRESS:	
TOWN & COUNTRY OF BIRTH:				MARITAL STATUS:	

Please tick to consent / dissent to the following forms of contact

- ☑ Text messages are primarily used for sending appointment reminders and confirmations. We do not send personal medical information via text message, unless otherwise agreed with the patient.
- ☑ Email is used primarily used when a patient requests to be sent copies of information.
  The practice is developing ways of using text and email, for those patients who consent, instead of paper letters where possible. This is to save paper, reduce cost and improve the speed in which we communicate with patients.

Email ☐Yes ☐No	**Mobile text messages** ☐Yes ☐No	
Answering machine messages ☐Yes ☐No	**Receiving test results, i.e. blood tests via text message** ☐Yes ☐No	

Previous details – please complete as fully as you can. This helps us to retrieve your medical records

Previous address and postcode:	Previous doctor's name and address:
If applicable, date you first came to live in Britain:	**Previous doctor's telephone number:**

Next of kin

Full name:		Contact number:	
Their relationship to you: *(Spouse, friend etc.)*		Address: *(If different from above)*	

Ethnicity and language

Please choose one that best describes your ethnic group or background					
White British	☐	White Irish	☐	Other White:	
Black Caribbean	☐	Black African	☐	Other Black:	
Asian Indian	☐	Asian Pakistani	☐	Other Asian:	

Mixed White & Black Caribbean	☐	White & African	☐	White & Asian	☐	Other: *Please Specify*	

First language spoken / understood: ***(select one)***

English	☐	Spanish	☐	Gujurati	☐	Urdu	☐	Bengali / Sylheti	☐	Punjabi	☐	Ukrainian	☐
Polish	☐	French	☐	German	☐	Hindi	☐	Other: *Please Specify*					

DO YOU REQUIRE AN INTERPRETER?	Yes ☐	No ☐	

Military status – Have you ever served in the armed forces or received military status?

If YES, please state in what capacity:			
Address prior to enlistment:		Your service or personnel number:	
		Your enlistment date:	
		Your discharge date:	

Occupation Information

Occupation:		Job role:	

Health information

Your height:	Feet / inches	cm	Your weight:	Stones / lbs	Kg

Smoking, alcohol consumption and exercise:

Are you currently a smoker?	Yes☐	No☐	Have you ever been a smoker?	Yes☐	No☐
If so, how much do you smoke in a day?	Cigarettes		*If you are a smoker and want to stop, please ask for information about local smoking cessation services.*		
	Cigars				
	Tobacco				

How often do you have a drink that contains alcohol?	**N/A** ☐	**Never** ☐	**Monthly or less** ☐	**2-4 times per month** ☐	**2-3 times per week** ☐	**4+ times per week** ☐
How many standard alcoholic drinks do you have on a typical day when you are drinking? (one unit = 1 small glass of wine, a single measure of spirits, or ½ a pint of beer)	**N/A** ☐	**1-2** ☐	**3-4** ☐	**5-6** ☐	**7-9** ☐	**10+** ☐
How often do you have 6 or more standard drinks on one occasion?	**N/A** ☐	**Never** ☐	**Less than monthly** ☐	**Monthly** ☐	**Weekly** ☐	**Daily or almost daily** ☐

Number of times a week you exercise?		Type(s) of exercise:	

Your history

Do you have any current medical problems? If yes, please list:	
What other illnesses have you had and when?	
What operations have you had and when?	

Please list any tablets, medicines or other treatments you are currently taking: (include dose and frequency)	
Are you allergic to any drugs? If yes, please list	
Any other allergies? If yes, please list	

Information and Communication Needs

Do you have any information or communication support needs relating to a disability, impairment or sensory loss? If yes, please specify.	☐Yes ☐No
Communication or information method required, i.e. braille; email	

ARE YOU A CARER OR DO YOU HAVE A CARER?

Support for carers is available. Please ask at reception for details or tick here to be contacted ☐

Please enter the details of the **person you care for**

Full name:		Contact number:	
Their relationship to you: *(Spouse, friend etc.)*			
Address: *(If different from yours)*			

Please enter the details of the person **who cares for you**

Full name:		Contact number:	
Their relationship to you: *(Spouse, friend etc.)*			
Address: *(If different from yours)*			
Please sign and date here if you consent for us to discuss information about you and your health with your carer **Signature**…………………………………………………………………………… **Date** ……………………………………………………………			

Living Wills and Power of Attorney

DO YOU HAVE A "Living Will"? (A statement explaining what medical treatment you would not want in the future.)	**Yes** ☐	**No** ☐	***If "Yes", can you please bring a written copy of it to your records***
HAVE YOU ASSIGNED A POWER OF ATTORNEY? Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	**Yes** ☐ Yes	**No** ☐ No	**If "Yes", please state their name / address / phone number & bring in a copy your records**

Online Services (SystmOnline)

SystmOnline allows patients to book or cancel appointments, order medication or even view medical records and recent test results via the internet.

An App for your smart phone is also available.

Access to these services is both secure and strictly monitored. For more information please see the practice website or ask at reception.

Tick below if you wish to sign up and receive your log-on details via email or text message. An email address and/or mobile number must be provided on the first page of this questionnaire.			
Tick to register and receive details electronically	**via Text** ☐	**via Email** ☐	

Data Sharing and YOUR Medical Records "Your Data Matters"
Your medical records can be made visible to other organisations that provide healthcare services to you.
For more information you can visit www.castledoningtonsurgery.co.uk or ask for an information leaflet from reception.

Summary Care Records
Summary Care Records (SCR) are electronic records of important patient information, created from GP medical records. A Summary Care Record will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Giving healthcare staff access to this vital information can help them treat you more quickly and effectively in an emergency or when your GP practice is closed.
You can choose to have an Enhanced Summary Care Record which contains all of the above as well as relevant medical history, immunisations and long term medical conditions.

Core Summary Record *Medication, bad reactions and allergies.*	☐
Enhanced Summary Record *Medication, bad reactions/allergies and additional information, including relevant medical history, immunisations and long term medical conditions.*	☐
Decline *If you do not wish to have a Summary Care Record.*	☐

Patient Signature
In compliance with the changes to the Data Protection Act (GDPR), by signing and completing your registration with us, you are agreeing to the terms explained within our Privacy Notice. Copies are available on request and are published on our practice website.

Patient Signature:		**Signature on behalf of Patient:**	
Date:			

Thank you for taking the time to complete this form
For more information about the services we offer, please refer to your patient leaflet
or see our website: www.castledoningtonsurgery.co.uk