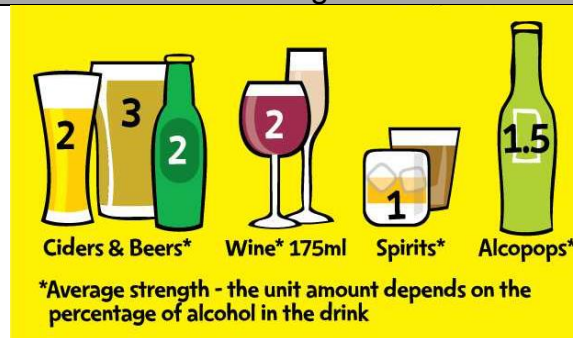


Southway Surgery

New Patient Questionnaire

Welcome to Southway Surgery. To register with this Practice, please complete this questionnaire as fully as possible. The questions have been designed to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us. The information you give will help us to provide you with good medical care.

Personal Details			
Title	Mrs/Miss/Ms/Mr	Have you been registered here before?	Yes No
Surname		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Forename(s)		Previous name	
Date of Birth		Address	
NHS number			
Home Tel. number			
Mobile Tel. number		Postcode	
Work Tel. number		Email	
Next of Kin		*cannot be the same as another patient at practice	
Their Contact number		Relationship to you	
Status	Single Married Separated Divorced Widowed In a Relationship	Their Address	

Health Details			
Height		m	Weight (If known)
			kg
Alcohol - Alcohol use can affect your health and can interfere with certain medications and treatments. Use the guide below to decide how many units you drink a week.			
	Do you drink any alcohol?		Yes No
	How many units do you drink on average every week?		
	Drugs		
Do you have a drug addiction?		Yes	No
Are you a smoker?	Yes No	How many a day?	
Would you like support and information on giving up?			Yes No
Stopped smoking?	Yes No	When?	

Medical History: Do you have, or have you had, any serious medical problems (including operations) / long term conditions?				
	Yes	No	Details	Date (if known)
Asthma				
Cancer				
COPD				
Chronic kidney disease				
Diabetes (include type)				
Epilepsy				
Heart attack/disease				
High blood pressure				
High cholesterol				
Osteoporosis				
Stroke				
Mental health problems				
Underactive thyroid				
Circulation problems				
Other serious illnesses				
Any operations				
Any known allergies	Yes	No	Allergic to	
Details of reaction				

Family Medical History				
<i>Have any of your immediate relatives (brothers/sisters/parents) had any of the following: Tick box if applicable and give details if you can.</i>				
		Details	Relationship	Date (if known)
Heart attack or angina before age 60				
Heart attack or angina over age 60				
Asthma				
Diabetes (include type)				
Stroke				
Cancer				
Any inherited diseases				

Repeat medication		
Are you on any repeat medication	Yes	No
If 'yes', do you have a repeat prescription slip from your previous GP?	Yes	No
If "Yes", please hand it in at Reception. If "No" then make sure you show Reception all your medication in its original packaging and labelling. We may need to contact your previous GP surgery to confirm your medication.		

Ethnicity					
White	British	Irish	Other white		
Asian	British	Bangladeshi	Indian	Pakistani	Other Asian
Black	British	African	Caribbean	Other black	
Mixed	Asian & White	Asian & Black	Asian & Caribbean	White African	White Caribbean
Other	Chinese	Japanese	Middle Eastern	Turkish	Any other ethnicity
Please advise us of your first language			English	Other (please state)	

FEMALES ONLY					
Date of last cervical smear		Are you pregnant?	Yes	No	
Have you had a hysterectomy?	Yes	No	How many weeks pregnant?		
Contraception					
None		Coil		Injection	
Contraceptive pill		Sterilisation		Implant	
Condom		Partner had vasectomy		Hysterectomy	

Do you consider yourself to have a disability?	Yes	No			
Details of impairment	Physical impairment		Learning Disability		
	Sensory impairment		Mental health condition		
	Other (please state)	→			
Are you a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is someone a carer for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any special communication needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state: Sign Language <input type="checkbox"/> Large Print/Braille <input type="checkbox"/> Language <input type="checkbox"/> Other <input type="checkbox"/> _____				

PATIENT COMMUNICATION:

Communication within the NHS is important to ensure that those who are caring for you have enough information to treat you safely.

This form offers you the opportunity to express your wishes as to whether or not you would like your medical record to be shared. In addition you can opt-in to receiving reminder text messages from Southway Surgery and if you would like access to our online services then you can apply for this as well.

SMS Messaging Service	
Would you like to receive text message appointment reminders and other notices from Southway surgery? (Must provide mobile number on page 1)	Yes No
Online Services - 'The Waiting Room'	
Southway surgery offers a secure and easy way for booking GP appointments and ordering repeat medication online. You need to be registered in order to access this service. To sign up for the waiting room, please fill in a form which can be collected from reception. Please note, we must have ID to be able to register you for the waiting room.	

SCR AND CARE.DATA:

A Summary Care Record is a scheme set up by the NHS to allow different areas of the NHS to access your basic medical records (such as any allergies, adverse reactions and current medication). These records are only available to certain employee's within the NHS, such as GP's and Hospitals and you will be asked on arrival if you are happy for them to access them.

Please tick below which type of Summary Care Record you would like:

- Express consent for medication, allergies and adverse reactions only AND additional information. (Best option)
- Express consent for medication, allergies and adverse reactions only

SIGNATURE: _____ DATE: ____/____/____

If you would like any information about the Summary Care Record scheme and the cara.data scheme, please ask for the information at reception. If you wish to opt out of either/both then you **must** complete a consent form. If you have not picked an option or opted out you will automatically be included.