

Carden & New Larchwood Surgery

New Patient Questionnaire 2019

Dear Prospective Patient,
 Thank you for considering Carden & New Larchwood Surgery.
 We would be grateful if you could fill the questionnaire attached and hand it in to our reception.

Personal Details

NHS No.

Date of Birth...../...../.....

Sex Male Female Gender Title Mr Mrs Miss Ms Mx

Marital status Married Single Divorced Widowed Separated Other.....

Forename.....Middlename.....Surname.....

Previous Surname/sMobile.....Telephone.....

eMail address

Town & Country of Birth

Home Address

Post Code

Main Language.....

Do you speak English? Yes / No Do you require an interpreter? Yes / No

Are you a carer?		Are you house-bound?	
Do you have a carer?	If yes. Carer's name & Mobile number	Do you live in nursing home?	If yes. Name of care home



Please help us trace your previous Medical Records by providing the following information

Your previous address in UK..... Post Code

Name of Previous Surgery while at that address



If you are from abroad (Fill in the Supplementary Questions Form on page 6)

Your first address where registered with a GP..... Post Code

If previously resident in UK, date of leaving/...../..... Date you first came to live in UK/...../.....



If you are returning from the Armed Forces

Address before enlisting..... Post Code

Service or personal No. Estimated Date/...../.....

[FOR OFFICE USE]

Checked by.....
 Today's Date.....

Photographic ID

Proof of Address.....

- Within Catchment area
- Previous Address
- Name of Previous Surgery
- Alcohol Questionnaire
- SCR Consent
- Opt Out Form given

Booked Appt

Date.....Time

GP.....

Carden & New Larchwood Surgery New Patient Questionnaire

Ethnic Group Please tick / fill in all that apply

White

- | | |
|--|---|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Any other White background, please describe: |

Mixed / Multiple Ethnic Groups

- | | |
|--|---|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Any other Mixed / Multiple ethnic background, please describe: |

Asian/ Asian British

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Asian background, please describe: |
| <input type="checkbox"/> Bangladeshi | |

Black / Caribbean/ African/ Black British

- | | |
|------------------------------------|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Any other Black / African / Caribbean background, please describe: |
| <input type="checkbox"/> Caribbean | |

Other Ethnic Group

- | | |
|--|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Any other ethnic group, please describe: |
| <input type="checkbox"/> Not known/ Not provided | |

General Medical Details



BMI	Height:	Weight:			
Medical Conditions	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Depression
	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Anxiety
	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer	<input type="checkbox"/> Thyroid disorder	<input type="checkbox"/> Other please mention:	
Allergies	<input type="checkbox"/> Drug Allergy please mention:				
	<input type="checkbox"/> Non-Drug Allergy please mention:				
Smoking Status	<input type="checkbox"/> Never smoked tobacco <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Current smoker How many per day?.....				

Are you a Current Smoker?



If you ticked that you are a current smoker please read the below:

Why would I want to stop smoking?

Stopping smoking improves lung capacity allowing you to carry out daily tasks without wheezing, coughing or struggling for breath. Stopping smoking increases your life expectancy, significantly increasing your chances of being healthy and active in your old age. You'll also reduce your risk of getting cancer, heart disease or strokes and save money.

How can I stop my smoking?

1. Helping yourself. There are many self-help books and different methods to stop smoking. Some people find it easy once they decide to go for it others have more difficulty.
2. NHS Carden Surgery. Make an appointment with one of our nurses to discuss stopping. We offer a smoking cessation clinic at the surgery. If you are interested, please ask at Reception for details.
3. NHS services which you can refer yourself to. The local NHS Stop Smoking Service offer one to one support and can be contacted on 0800 169 0169 or www.nhs.uk/smokefree

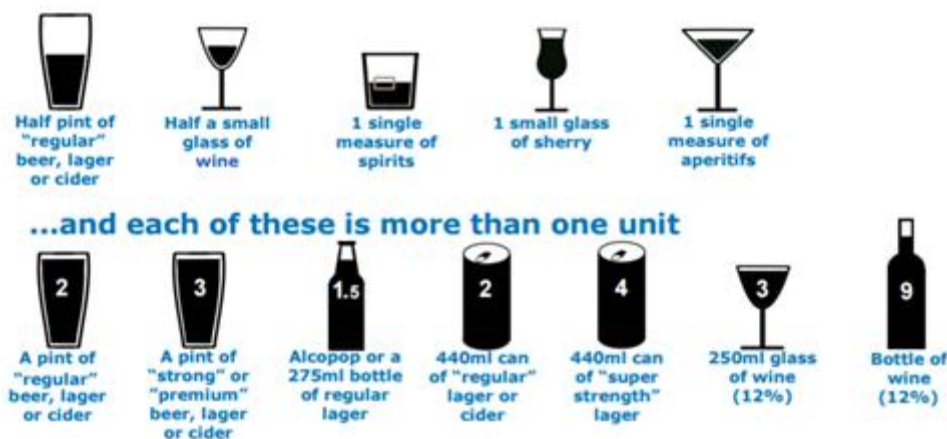
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Alcohol Questionnaire

Tick if you do not drink alcohol and SKIP to the next page

A UK unit is 10ml of pure alcohol

What one unit of alcohol look like:



How many units do you drink per week?

.....

Units are sometimes hard to understand as most people don't drink in units, they drink by the glass

QUESTIONS	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a month	4 or more times a month
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year		Yes, during the last year	

SCORING The scores for each answer are shown in the top row.

The minimum score (for non-drinkers) is 0 and the maximum is 40.

A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.

A score of 13 or more in women and 15 in men is likely to indicate alcohol dependence.

If you scored higher than 8 from the alcohol screening tool and you would like to reduce your alcohol (next page) are some useful websites and some phone apps. If you would like help with reducing your drinking, make an appointment with a GP.

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Cont' Alcohol Questionnaire
Useful Tools to Cut Down

WEBSITES

1. **Don't bottle it up!** Offers users a simple online 'identification and Brief Advice' (IBA) approach based on the gold-standard AUDIT screening tool and provides personalised brief advice. <https://www.donntbottleitup.org.uk/>
2. **The Drinks Meter** app provides feedback based on AUDIT and other questions, also, compares the user's answers against the Drinks Meter community to give unbiased, anonymous feedback. <https://www.drinksometer.com/>
3. **Down your Drink** is a longer established online programme based on AUDIT and also includes an extended programme. User registration required. <https://www.downyourdrink.org.uk/>

FREE PHONE APPS

1. **Change4Life** drinks tracker helps you keep track of your drinking - showing you when you're putting your health at risk and gives you tips to cut down
2. **NHS Drinks Tracker** quickly calculates your drink units, keep track of your drinking and get personalised feedback. A great app if you want to cut down on your drinking
3. **Drinks Meter app** provides you with instant feedback on your drinking. It compares your drinking against the Drink Meter community to give unbiased, anonymous feedback.

Drugs and Medicines

Are you taking any medicine at present (including over the counter treatments): Yes / No
If yes, please attach green repeat medication script from your previous surgery or list below



.....
.....

Electronic Prescribing (EPS)

The Electronic Prescription Service (or EPS) will allow you to collect your medications from a pharmacy at a location convenient to you. If you wish to join this scheme please provide the name and address of your nominated pharmacy:



.....

Accessible Information Standard



We want to ensure that all communication we have with our patients is clear and set out in a way that is easy to understand. If you have a disability, impairment or sensory loss, please, let us know how you would like us to communicate with you by completing this form:

Do you have a specific condition that affects, or may affect day to day communication?

YES / NO

Please tick Specific Information or Communication Needs

- | | |
|---|---|
| <input type="checkbox"/> Requires information verbally | <input type="checkbox"/> Requires contact via carer |
| <input type="checkbox"/> Requires contact by letter | <input type="checkbox"/> Requires communication in 'easy read' format |
| <input type="checkbox"/> Need an Advocate during a consultation | <input type="checkbox"/> Need Carer present during a consultation |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walking aid |
| <input type="checkbox"/> Hearing aid (L / R) | <input type="checkbox"/> British sign language (BSL) |
| <input type="checkbox"/> Lip reading | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Requires written information in a large format 14pt /16pt /18pt / 20pt | |
| <input type="checkbox"/> Other please state: | |

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- CONSENT FORM -

Methods of Communication



Name of Patient Date of Birth

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging. Patient Privacy is important to us, and we would like to communicate with you regarding any activities that may be of interest, which means that we need your consent. This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.

Please confirm your consent to one (or more) of the following:

- Consent to use Telephone / Mobile number
- Consent to leave voice messages on mobile phone
- Consent for communication by SMS messages (e.g. appointment reminders)
- Consent to use email
- Consent to receive newsletters (and similar communications)
- Consent to receive marketing in regards to Carden Surgery

NHS Organ and Blood Donor Registration



I want to register my details on the NHS organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any part of my body **or** Kidneys Heart Liver Corneas Lungs Pancreas

I would like to join the NHS **Blood Donor** Register as someone who may be contacted and would be prepared to donate blood. Have you given blood in the last 3 years? Yes / No

Signature confirming my agreement and consent **Date**

For more information, please visit the following websites www.organdonation.nhs.uk and www.blood.co.uk

Your Emergency Care Summary



The NHS in England is introducing the Summary Care Record, which will be used in Emergency Care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP Practice is Supporting Summary Care Records and as a patient you have a choice.

Please, tick that applies:

- YES, I would like a Summary Care Record** – You do not need to do anything and a Summary Care Record will be created for you.
- NO, I do not want a Summary Care Record** – Ask at reception for an Opt Out form.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

Signature Of Patient

On Behalf of Patient **Date**

GMS1 - SUPPLEMENTARY QUESTIONS**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:



- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me. A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If YES, please enter details from your EHIC or PRC below:	
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code: 		
	3: Name		
	4: Given Names		
	5: Date of Birth	DD MM YYYY	
	6: Personal Identification Number		
	7: Identification number of the institution		
	8: Identification number of the card		
	9: Expiry date	DD MM YYYY	
	PRC validity period (a) From:	DD MM YYYY	(b) To:

Please tick if you have an S1 (eg. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.