

# Carden & New Larchwood Surgery

## New Patient Questionnaire 2019

### Under 16 years old

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. 

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

Sex  Male  Female

Gender .....

Title  Mr  Mrs  Miss  Ms  Mx

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

Previous Surname/s .....Mobile.....Telephone.....

This Mobile number belongs to:  Patient  Parent/ Guardian  Other.....

Town & Country of Birth .....

Home Address .....

Post Code .....

Main Language.....

Do you speak English? Yes / No

Do you require an interpreter? Yes / No

Current Nursery/School .....

Guardian's name ..... Relationship.....

Guardians' contact information .....



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 (Complete 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 ...../...../.....

### [ FOR OFFICE USE ]

Checked by.....

Today's Date.....

Photographic ID .....

Proof of Address.....

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

### Booked Appt

Date.....Time .....

GP.....

**Ethnicity** **Under 16 years old**

**White**

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background, please describe:

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**Mixed / Multiple Ethnic Groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed / Multiple ethnic background, please describe:

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**Asian/ Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please describe:

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**Black / Caribbean/ African/ Black British**

African

Caribbean

Any other Black / African / Caribbean background, please describe:

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**Other Ethnic Group**

Arab

Not known/ Not provided

Any other ethnic group, please describe:



**General Medical Details**

BMI	Height:	Weight:			
<b>Medical Conditions</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Depression	<input type="checkbox"/> Thyroid disorder
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Cancer
	<input type="checkbox"/> Learning difficulties please state:				
	<input type="checkbox"/> Special needs please state:				
<input type="checkbox"/> Other please state:					
<b>Allergies</b>	<input type="checkbox"/> Drug Allergy please mention:		<b>Passive Smoker?</b>	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Non-Drug Allergy please mention:			<input type="checkbox"/> No	
<b>Immunisation Record</b>	Kindly, bring your child's RED BOOK to photocopy and update our records.				

**Specific Information or Communication Needs**



Do you /your child need help with mobility/hearing/speaking?

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

**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 write below

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**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: .....



- 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 receive newsletters (and similar communications)
Consent to receive marketing in regards to Carden Surgery

NHS Organ and Blood Donor Registration



Yes I donate

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

Legal Guardian's signature confirming agreement and consent .....

Print Name ..... Relationship ..... Date .....

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

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. Children under 16 will automatically have a Summary Care Record containing details of medications, allergies and bad reactions created for them unless their parent or guardian chooses either to notify us that they would like their child to have an enriched Summary Care Record (with other information agreed with the GP Practice to be included) or to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

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.

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**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 <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If YES, please enter details from your EHIC or PRC below:
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*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.*

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: DD MM YYYY

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.