

DANETRE MEDICAL PRACTICE - NEW PATIENT QUESTIONNAIRE

NAME:-.....
 ADDRESS:-
 POST CODE:
 TEL: HOME.....MOBILE.....
 EMAIL.....
 DATE OF BIRTH.....
 PLACE OF BIRTH.....
 MARITAL STATUS.....
 NEXT OF KIN.....

ETHNIC GROUP - PLEASE CIRCLE

<p>WHITE</p> <p>A - White British B - White Irish C - Other white</p> <p>MIXED</p> <p>D - Mixed - White and Black Caribbean E - White and Black African F - White and Asian G - Other mixed</p> <p>ASIAN OR ASIAN BRITISH</p> <p>H - Indian J - Pakistani K - Bangladeshi L - Other Asian</p>	<p>BLACK or BLACK BRITISH</p> <p>M - Black Caribbean N - Black African O - Other Black</p> <p>OTHER ETHNIC</p> <p>R - Chinese S - Other ethnic category Z - Not stated</p>
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IF YOU ARE ON ANY REPEAT MEDICATION PLEASE GIVE YOUR REPEAT REQUEST SLIP TO RECEPTION

(1) DO YOU SUFFER, OR HAVE YOU EVER SUFFERED, FROM ANY OF THE FOLLOWING: (Circle which applies)

Heart Disease	YES/NO	Diabetes	YES/NO	Stroke	YES/NO
High Blood Pressure	YES/NO	Asthma	YES/NO	Heart Attack	YES/NO

(2) Does ANY Member of your FAMILY suffer from any of the ABOVE PROBLEMS?
 IF YES, please state **PROBLEM** and **RELATIONSHIP** to YOU.

1 2 3

(3) ARE YOU ALLERGIC TO ANYTHING: Medication, Animals, Food, Plants? YES/NO.

IF YES, PLEASE LIST BELOW

1 2 3

(4) DO YOU SMOKE? IF YES - HOW MANY A DAY? If NO – HAVE YOU EVER SMOKED YES/NO

SMOKING IS DANGEROUS TO YOUR HEALTH

WOULD YOU LIKE TO RECEIVE HELP AND ADVICE ON HOW TO STOP SMOKING? YES/NO

(5) DO YOU DRINK ALCOHOL? YES/NO IF YES - HOW MANY UNITS A WEEK?

(6) ARE YOU A CARER? YES/NO IF YES – Please complete a carers' register leaflet

(7) DOES SOMEONE CARE FOR YOU? YES/NO IF YES – Please get them to complete a carer's register leaflet

(8) WHAT IS YOUR WEIGHT? **(9) WHAT IS YOUR HEIGHT?**

(10) BEFORE ANSWERING THE FOLLOWING QUESTION PLEASE READ THE LETTER YOU HAVE BEEN GIVEN ABOUT THE NHS SUMMARY CARE RECORD

- 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. You may change your mind and opt-out at any time.
- No I do not want a Summary Care Record** - Please ask for an opt-out form and hand to member of staff with this form. You may change your mind and opt-in at any time.

If you would like more information please read the NHS Summary Care Record Leaflet

(11) HAVE YOU EVER SERVED IN ANY OF THE ARMED FORCES?

- Yes** – please state which
- No**

(12) DO YOU HAVE A LIVING WILL?

- Yes** – please supply us with a copy for your records
- No**

BLOOD PRESSURE

Please take your Blood Pressure using the automatic blood pressure monitor in the waiting area. It is very easy to use and prints off a ticket with the current reading. Please ask for the ticket to be attached to your questionnaire when you hand it in. If your Blood Pressure is over 150/90 please make an appointment to see the Practice Nurse.

PATIENT NEEDS

All staff within the Practice will endeavour to ascertain whether patients have specific needs they require meeting in order for them to be fully involved in their care. Please tell us here if you have any specific needs:

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<p>Getting involved in the Practice</p> <p>We are committed to ensuring our patients are fully involved in the development of services as we believe that our patients have an important contribution to make in our future development. If you are interested in knowing more please tick the box:</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>We support clinical research</p> <p>Taking part in a clinical research study is voluntary, and can be a rewarding experience. Help us to:</p> <ul style="list-style-type: none"> Find out which treatment works best Investigate new ideas Have a greater understanding of diseases Improve diagnosis and treatments <p>If you are interested in learning more or being on our research database should a relevant trial become available to your condition please tick the box <input type="checkbox"/></p>
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For Office Use Only

- Photo ID seen
- Proof of address seen
- Named GP form given (over 75's only)
- Named GP code added (Xab9D)
- Opt-out form received
- Opt-out form **NOT** received
- Opt-out code added to patient record (XaXj6)

Staff signature