

# New Patient Questionnaire

We offer all new patients either a Long-term illness annual health check, an NHS health check if you are over 40, or a “well person” health check. Please book in at reception for your health check appointment.

Please complete this questionnaire and submit along with your registration form - please note we cannot accept your registration without this completed questionnaire and signed patient agreement.

Name:.....D.O.B.....Male / Female

Mobile telephone number

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Ethnicity (relevant to diagnose and treat certain conditions)

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Brief past medical history – (eg Operations, Long term conditions, serious allergies to medications or food?)

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Are you currently under the care of a hospital? Do you have any prescribed medication?

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If you are taking regular prescription medication, you may need to make an appointment with our practice pharmacist or a doctor, please ask one of our receptionists.

Do you smoke? Yes (amount..... ) No Ex-smoker

Would you like help to stop smoking? Yes No

Do you vape? Yes No

**Family History:** (1<sup>st</sup> degree blood relatives – parents / siblings)

Heart attack/ stroke No/Yes give details.....Age of onset.....

Diabetes No/Yes give details.....Age of onset.....

High Blood Pressure No/Yes give details.....Age of onset.....

Do you drink alcohol?      Yes      No

(If no\* - proceed to Occupation )

How many units of alcohol do you drink per week? .....

**1 unit = 1/2 pint of beer or 1 small glass of wine or 1 single pub measured spirit**

**MEN:** How often do you have **EIGHT** or more drinks on one occasion?

**WOMEN:** How often do you have **SIX** or more drinks on one occasion?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

How often during the last year have you been unable to remember what happened the night before because you have been drinking?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

How often in the last year have you failed to do what was normally expected of you because of drink?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No                      Yes, on one occasion                      Yes, on more than one occasion

Would you like some support / help around your drinking?      Yes      No

**Occupation –** What is your current occupation? Are you a veteran?

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.....

Are you a registered carer in receipt of carers allowance? Or do you have a carer?

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**The Accessible Information Standard**

Is English your first language?                      Yes                      No

If No, what is your first language?.....do you require an interpreter? Yes      No

Are you hard of hearing/have visual loss? Do you require any reasonable adjustments? for information to be provided in a format other than standard print? do you require communication support during appointments?                      Yes                      No

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**\*\*THIS QUESTION MUST BE ANSWERED PRIOR TO REGISTRATION \*\***

Are you on the sex offenders register or are you subject to MAPPA or SOPO?      Yes      No

Any other disclosure we would need to be aware of for your safety and ours?  
please give details

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Do you hold a living will? Or have a registered POA for healthcare needs?  
Do you have a DOLS order in place? or not accept any blood products?  
please give details

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Are you registered disabled, have any mobility problems that we need to be aware of?

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**Online services** - Please tick below if you would like to register for our on-line services

- Prescription ordering / appointment booking service – Once your registration form has been approved and processed, we will send you your log in details via sms.
  - email (please enter address) .....
  
- Would you like to join our Online Patient Reference Group who we consult from time to time about services? (Your email address and consent is required)
  - email (please enter address) .....
  
- Please tick this box if you do not want to receive any text messages from the surgery (please note we cannot offer any on-line services if you opt out of sms )

SMS is not used for marketing purposes and will only be used for:

- Confirming and reminding you about future appointments
- Letters about referrals or your healthcare
- Reminds you to make an appointment for your annual review / flu jab etc.
- Normal pathology results can be relayed this way if you wish
- Information to help you deal with your condition (eg asthma care plan)

### **Data sharing**

We respect your privacy and are committed to protecting your personal data. Our privacy notices will inform you how we look after your personal data and tell you about your privacy rights and how the law protects you. Our privacy notices are available via our website [www.estonsurgery.cok.uk](http://www.estonsurgery.cok.uk)

### Consultations from previous GP marked as private

Please note, this practice operates an electronic transfer of your medical history, (GP2GP) if you have any prior consultations that were previously marked as private, they may now be visible in your record. If you wish to do so, please make an appointment with the practice manager to have them reinstated as private consultations.

### National data opt-out

The national data opt-out is a new service that allows people to opt out of their confidential patient information being used for research and planning. The NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England. Unless you have chosen to opt out, your confidential patient information can be used for research and planning. This online service allows you to make or change your decision at any time.

<https://www.nhs.uk/your-nhs-data-matters/>

We advise that you read the following text closely and document your agreement to this patient contract with your signature. Should you feel unable to agree to our surgery policies, we recommend you choose an alternative GP practice

### **Benzodiazepines and Z-Drugs, high dose Opiates and Gabapentinoids**

Please be aware that this surgery does not prescribe long term Benzodiazepines or Z-drugs such as:

\*Zopiclone, \*Temazepam, \*Zolpidem, \*Nitrazepam, \*Lorazepam and \*Diazepam

All new patients (non- palliative) who have previously had long term prescriptions for this type of benzodiazepine or sleeping tablet will be immediately started on a reduction program as these medications are only licensed for short term prescribing.

Any non-palliative patients joining the surgery requesting high doses of addictive opioids such as Tramadol or Morphine will be given an appointment with our pharmacist for review to ensure the prescribing is within license, has clinical indication is appropriate and may be given assistance with step down reduction plans, change of medication, specialist advice or referred to specialist services.

Requests for Gabapentin/Pregabalin from new patients will only be considered with evidence from your previous practice and a valid clinical indication for this type of Gabapentinoid medication to be prescribed.

### **Violence and Aggression - We are here to help you, thank you for treating us with respect.**

We operate a zero-tolerance policy towards violence and aggression, this includes shouting and swearing at our team. Any patient who behaves in a fashion that can be classed as aggressive, abusive or violent towards any member of staff or another patient on or around our premises will be instantly removed from our list and reported to the police.

### **Appointments**

The reception staff will ask you for some details regarding your issue. This is confidential and important so the reception team can navigate you to the best person to see. Urgent or same day appointments are not for sick notes or lost prescriptions. Abuse of the appointment system will result a warning which could result in removal from our list.

### **Failure To Attend**

Should you fail to attend for an appointment you will receive our standard text reminding you of this agreement, after 3<sup>rd</sup> failed appointments, you could be removed from the practice list without further notice.

Thank you for your support in aiding and maintaining a good patient / practice relationship,

Signed by patient.....date.....

I have read the above statements and agree with the practice policies outlined.