

PATIENTS AGED 16 AND OVER

Victoria Medical Centre

New Patient Questionnaire

IMPORTANT INFORMATION

- IT IS VERY IMPORTANT YOU COMPLETE ALL PARTS OF THIS QUESTIONNAIRE AS ACCURATELY AS YOU CAN.
- FAILURE TO DO SO MAY RESULT IN YOUR REGISTRATION WITH THE PRACTICE BEING DELAYED
- YOU MUST ENSURE YOU HAVE A MONTHS SUPPLY OF MEDICATION FROM YOUR CURRENT PRACTICE BEFORE REGISTERING WITH VICTORIA MEDICAL CENTRE.
- IF YOU ARE TAKING REGULAR MEDICATION YOU MUST SEE THE GP. AN APPOINTMENT WILL BE SENT OUT TO YOU.
- PHOTO ID MUST BE PRESENTED WHEN HANDING YOUR FORM INTO RECEPTION

VICTORIA MEDICAL CENTRE NEW PATIENT QUESTIONNAIRE

FOR PATIENTS AGED 16 AND OVER

1. PERSONAL DETAILS

FIRST NAME(S) _____ SURNAME _____
PREVIOUS SURNAME (IF APPLICABLE) _____ DATE OF BIRTH _____
TELEPHONE NUMBER(S) _____

2. NEW PATIENT APPOINTMENTS

You only need to see a GP upon registration if you are on current medication. Please list all medication you take on a regular basis including last issue date:

Please select from the options below so we can send you a convenient appointment:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Any specific time?
08:30 – 12:00	07:30 – 11:40	08:40 – 12:10	08:00 – 12:10	08:00 – 11:40	
13:20 – 16:40	14:00 – 19:40	14:00 – 16:50	13:30 – 16:50	14:00 – 16:50	

PLEASE BRING YOUR MEDICATION WITH YOU TO YOUR APPOINTMENT

We also offer all new patients an **optional** appointment with our Healthcare assistant. Please select one of the options below

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Any Specific time?
12:00 – 19:30	08:00 – 16:30	08:00 – 11:00	08:00 – 18:00	09:40 – 17:40	

PLEASE BRING A URINE SAMPLE TO YOUR APPOINTMENT WITH THE HCA

YOUR INITIAL APPOINTMENT(S) WILL COMPLETE YOUR REGISTRATION WITH THE PRACTICE. FAILURE TO ATTEND THE APPOINTMENT WILL RESULT IN YOUR FUTURE ATTENDANCE BEING MONITORED. REPEATEDLY MISSING APPOINTMENTS WITHOUT PRIOR WARNING WILL LEAD TO YOUR REMOVAL FROM THE PRACTICE.

3. FEMALE PATIENTS ONLY

Cervical screening:

DATE OF LAST CERVICAL SMEAR _____ RESULT _____

Have you ever had an abnormal cervical smear YES / NO

If yes, please provide details: _____

Contraception:

Are you using:

Contraceptive Pill yes / no Type _____
Intrauterine Device (coil) yes / no Type _____ Date Inserted _____
Nexplanon (implant) yes / no Date Inserted _____

Breast screening

Please list any details of previous breast screening

Pregnancy

Please list all pregnancies and outcome (complications in pregnancy, miscarriage, type of delivery, eg normal, forceps etc).

4. YOUR MEDICAL HISTORY

Please list with dates, all significant past and present illnesses, especially those requiring hospital attendance or admission, and any operations.

Please list any allergies e.g. to drugs, pollen, animals, food etc. or any medications which have caused you unpleasant side effects.

Have you completed a full course of Tetanus immunisations? (3 injections) YES/NO

If yes date of last injection

PLEASE BRING YOUR TETANUS IMMUNISATION CARD WITH YOU IF YOU HAVE ONE.

5. FAMILY MEDICAL HISTORY

Please state any major illness suffered by relatives, whether alive or deceased, particularly heart disease, angina, high blood pressure, diabetes, stroke, cancer (state type) asthma.

Please add Age, Major Illness, Other Illnesses, Age at death (If applies), Cause of death (If applies)

6. PERSONAL HISTORY

Marital Status: SINGLE / MARRIED / CIVIL PARTNERSHIP / WIDOWED / DIVORCED / DO NOT WISH TO ANSWER

Occupation: _____ / DO NOT WISH TO ANSWER

SMOKING STATUS

Do you smoke?

Yes []	No []
What do you smoke? Pipe [] Cigar [] E-cig [] Rolls own cigarettes [] Shop bought Cigarettes []	If no, have you ever smoked? YES [] NO []
How many per day? _____	How many per day? _____

ALCOHOL CONSUMPTION

Questions	Scores	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 week	4 or more times a week
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

AUDIT C SCORE (Out of 12) _____

7. YOUR NEEDS

Do you rely on anyone for your day to day care that would be willing to give their name, address and telephone number?

Are you the main carer for a person with special health needs? YES/NO

Please give details _____

Communication Support

Do you require any additional or alternative communication support? (e.g large text for written communication)

YES / NO

Please give details _____

8. SUMMARY CARE RECORD

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.

For more information regarding the Summary Care Record please speak to one of our members staff or collect a leaflet from the reception desk. Further information is also available at www.nhs.org/summarycarerecords.

I express consent for medication, allergies and adverse reactions only []

I express dissent (I wish to opt out of the Summary Care Record upload) []

Signed.....Date.....

Patient SCRs were uploaded on 19th November 2014 and you will automatically be opted into this scheme unless you specify otherwise.

9. ONLINE SERVICES

What is Patient Access?

With Patient Access, you can now access your local GP services at home, work or on the move — wherever you can connect to the internet. (Also available on android and iOS). What's more, because Patient Access is a 24 hour online service you can do this in your own time, day or night.

- Book an appointment.
- Order repeat prescriptions.
- Change your address details.
- View your allergies
- View immunisations history.

If you would like to sign up to this service please indicate by ticking the box []. Your log on details will be emailed to you.

EmailAddress: _____

Please sign to give consent for your online services being activated _____

10. TEXT MESSAGE APPOINTMENT REMINDER SERVICE

If you are happy for us to contact you via SMS please sign below. This service is NOT limited to appointment reminders. It is your responsibility to keep your mobile number up to date.

Please sign to give consent to receive text messages from Victoria Medical Centre (may contain personal information)

11. ETHNICITY AND LANGUAGE

The government now ask us to record your ethnicity.

Please delete as necessary: I agree/do not agree to Victoria Medical Centre recording my ethnicity.

If you agree please tick the appropriate box. This information will be treated in the strictest of confidence.

- | | | |
|--|---|---|
| <input type="checkbox"/> British or Mixed British | <input type="checkbox"/> Other Mixed Background | <input type="checkbox"/> African |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Indian or British Indian | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> Pakistani or British Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Bangladeshi or British Bangladeshi | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Other | | |

PREFERRED SPOKEN LANGUAGE

Please select your preferred spoken language from the list below:

- | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Welsh | <input type="checkbox"/> Gaelic | <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Makaton Sign Language |
| <input type="checkbox"/> Akan | <input type="checkbox"/> Albanian | <input type="checkbox"/> Amharic | <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali & Sylheti |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Creole | <input type="checkbox"/> Dutch | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Cantonese and Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Finnish | <input type="checkbox"/> Flemish | <input type="checkbox"/> French | <input type="checkbox"/> French Creole |
| <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hakka | <input type="checkbox"/> Hausa |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi | <input type="checkbox"/> Igbo | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Lingana | <input type="checkbox"/> Luganda | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Pashto | <input type="checkbox"/> Patois | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Punjab | <input type="checkbox"/> Russian | <input type="checkbox"/> Serbian / Croatian | <input type="checkbox"/> Sinhala |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili | <input type="checkbox"/> Swedish | <input type="checkbox"/> Syheti |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Thai | <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> OTHER _____ |

DO YOU REQUIRE AN INTERPRETER FOR YOUR APPOINTMENTS? YES / NO

OFFICE USE ONLY

Check List – upon receiving registration form	Tick once checked
Practice Leaflet given to patient	
Privacy Notice given to patient	
Communication support form given to patient (if applicable)	
Summary Care Record complete	
Check address	
Check telephone number	
Check previous address (address where registered when at previous GP)	
Check previous GP details	
If patient from abroad -Date pt first came into the UK must be completed	
If patient coming from armed forces – Enlistment date must be completed.	
Check reg form is signed and dated	
Ethnicity form completed	
Preferred Language completed	
Check Smoking Status	
Check Audit C Status (Alcohol Intake)	

Staff name.....Date.....(MUST be completed)

Check List – REGISTRATION CLERK	Tick once complete
Check GP appointment sent	
Check HCA appointment sent	
Check & activate patient access – EMAIL TO PATIENT	
Check & activate SMS	
Summary Care Record	

