

The Ridgeway Surgery New Patients Questionnaire

Form completed Date ____ / ____ / ____

Preferred GP: Dr Richard Davies Dr Ruth Davies *This will be your Named GP *

Name _____ Date of Birth ____ / ____ / ____

Address _____ Post code _____

Telephone No: Home _____ Mobile _____ Work _____

Email Address: _____

Next of Kin: _____ Contact No: _____

Do you have a Carer? Please give contact details: _____

Do we have your consent to discuss your care with this person or your next of kin? Yes No

Are you registered blind, sight or hearing impaired? Yes No "Yes", please give details _____

If "Yes", what is your preferred method of contact: no preference or _____

Are **you** a Carer: No Yes (Person cared for _____)

Height _____ Weight _____

Do you smoke? Never Yes How many per day? _____ Ex-Smoker Date stopped? _____

Do you have a special diet? _____

Do you take regular exercise? Yes No. of times per week _____ No Physically impossible
(At least 30 minutes each day.)

Do you have known allergies? _____

If you are taking any regular medication please book an appointment with a GP before you need to order your next prescription.

**** If you live one mile or more from your nearest Pharmacy, you are eligible to have your medication dispensed by the Practice.***

**** If you have previously nominated a Pharmacy to receive your prescriptions electronically and this now needs to be changed because you have moved house, please speak to your new preferred pharmacy who will make the necessary arrangements for you***

Do you or your family have any past or present history of?

Medical Condition	Yourself	Your Family History (please state relationship)		
		<60 yrs old	>60 yrs old	
Heart Disease / Angina				
High Blood Pressure				
Stroke				
Diabetes				
Asthma				

Do we have your consent to contact you via Text: Yes / No Email: Yes / No

Please confirm that you have read the leaflet provided on the Summary Care Record. (SCR) Yes / No

Do you consent to the upload of your records to the Summary Care Record. Yes / No

For Surgery use only

Please state ID seen	Date and Sign	Named GP	Dispensing
Passport <input type="checkbox"/>	____ / ____ / ____	GP Inits _____	Disp. Status Yes <input type="checkbox"/>
Driving License <input type="checkbox"/>		Patient informed <input type="checkbox"/>	
Utility Bill <input type="checkbox"/>		Read Coded <input type="checkbox"/>	No <input type="checkbox"/>
Other (please state) _____			

Patient Name _____

Ethnic Origin

The Department of health have requested that a record is made of your Ethnic Origin when you make a new registration with a General Practitioner. This is completely confidential and treated in the same way as your medical records.

The aim is to improve the provision of appropriate care including secondary care and to demonstrate non-discrimination and equal outcomes.

This information is given by you on a voluntary basis and you are under no obligation to do so.

- I do not want to give details of my ethnic origin
- (Asian or Asian British) Bangladeshi
- (Asian or Asian British) Indian
- (Asian or Asian British) other background
- (Asian or Asian British) Pakistani
- (Black or Black British) African
- (Black or Black British) Caribbean
- (Black or Black British) other background
- (Mixed) other background
- (White and Asian) Mixed
- (White and Black African) mixed
- White and Black Caribbean
- Any Other
- Chinese
- British (White)
- Irish (White)
- Other Background (White)

This is one unit of alcohol...



Half pint of "regular" beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

...and each of these is more than one unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)

AUDIT-C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.



Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

Express consent for medication, allergies and adverse reactions only. You wish to share information about medication, allergies for adverse reactions only.

Express consent for medication, allergies, adverse reactions and additional information. You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

Express dissent for Summary Care Record (opt out). Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of patient:

Date of birth: Patient's postcode:

Surgery name: Surgery location (Town):

NHS number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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