Confidential New Patient Questionnaire

Please complete this questionnaire which will help our clinicians appreciate your healthcare needs

Personal details – please complete in block capitals			
Title	Mr/Mrs/Miss/Ms/Other	Other, Please Specify	
Surname		Forename	
Previous Surname/s		Date of birth	
Preferred Name		Have you been registered here before?	Yes/No
Home Tel no		Mobile No.	
E mail		Occupation	
New NHS patients: Please provide the following information			
Address used for immigration/ visa documents		Address provided to other services (if previously seen by the NHS before registration)	

Please provide details for someone we can contact in the event of an emergency						
Name			Contact No.			
Address			Main language - is an interpreter required?			
Relationship			Is the person a patient of this practice?	Yes / No	Gender	M / F
Is the person also your Next of Kin?	Yes / No	If No, please give the Name and Contact Number of your Next of Kin here				
Relationship			Gender	M / F	Spoken Language	

SMS Messaging - Would you like to receive text messages?	*Yes / No	*If yes – please sign the consent box below.
I consent to receiving appointment confirmations, reminders and other health notices via text messages and will update the Practice of any changes to my mobile number		
Signature		Date
Online services – We use an online triage system for all appointment requests, which you can find details for on our website. To access information on your medical record, please download the free NHS App. If, for any reason, you have trouble with this or cannot access the app, please inform Reception.		
Nominated Pharmacy		

Disability & Carers information

Do you consider yourself to have a disability?	*Yes / No	*If yes - please provide details:
Carers – Do you need or do you have anyone who looks after you or your daily needs?	*Yes / No	*If yes - would you like them to deal with your health affairs here? *Yes / No
*If yes, please supply carer's contact name & telephone number		
Do you care for anyone else?	*Yes / No	*If yes - relationship to you
Is this person a patient with the Cherry Hinton and Brookfields Medical Practice	Yes / No	

Medical History

Please detail any current health issues or long term conditions e.g. asthma, diabetes - giving approximate date of onset

Medications - Please list any medications you take including those bought over the counter

Allergies – Are you allergic to any medications or foods etc.? Please give details

Health Numerics					
Height		Weight			
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per MONTH	2 - 3 times per WEEK	4+ times per WEEK
How many standard alcoholic drinks do you have on a day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10 +
How often do you have **6 or more** standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you ever smoked?	Yes / No	Are you an ex-smoker?		Yes / No **Quit date**:	
Do you currently smoke?	*Yes / No	*If yes, how many per day?			
We strongly advise you to quit smoking. Our Practice Nurses can help or you can contact CAMQUIT: http://www.camquit.nhs.uk or 0800 018 4304					

If you have NEVER been registered in the United Kingdom before please provide details of :
Operations (you have undergone):
Immunisations (you have received):

Family Medical History			
Is there any history of the following in your immediate family - (brothers/sisters/parents)?			**Family Member**
Asthma	Yes / No	Aged	
Cancer *site	Yes / No	Aged	
Diabetes	Yes / No	Aged	
Glaucoma	Yes / No	Aged	
Heart Disease	Yes / No	Aged	
High Blood Pressure	Yes / No	Aged	
Stroke	Yes / No	Aged	

Female patients only			
Cervical Screening		**Mammography**	
Have you ever had a cervical smear?	Yes / No	Have you ever had a mammogram?	Yes/No
If yes please give an approximate date		If yes please give an approximate date	
Was the result normal or abnormal?		Was the result normal or abnormal?	
Would you like to receive contraception advice from the Practice?			Yes/ No

Language & Ethnicity – How would you describe your ethnic group? Please circle one					
White	British	Irish	Other white		
Asian	Asian British	Bangladeshi	Indian	Pakistani	Other Asian
Black	Black British	African	Caribbean	Other Black	
Mixed	Asian & White	Asian & Black	Asian & Caribbean	White African	White Caribbean
Other	Chinese	Japanese	Middle Eastern	Turkish	
Any other please specify					
Please give details of your first language:					
If English is not your first language, do you require an interpreter?	Yes / No				

We want to hear from you…..

We **really appreciate** your feedback. You can tell us what you think via the NHS choices website www.nhs.uk , via comment cards in the surgery, via our website www.cherryhintonmedical.co.uk, or by telephoning Emma, the Practice Manager. In addition to this, there is the **Friends & Family** question which can be completed in hard copy in the surgery, or online via our website.

It is always great for the staff to hear if you think they are doing a good job (any online feedback will be passed on) and of course if there are any areas you think we could do better, please do get in touch with Emma.

In addition to this we operate an online **PATIENT FORUM** which if you join you will be contacted via email from time to time by Emma, the Practice Manager, for your views on any service changes we are considering**.** If you would like to be part of this group please ensure you have added your email address on page one and please sign the declaration below. If at any time you wish to remove yourself from this list, please just let us know. Your details will never be passed to any third party.

Please only sign here if you would like to be part of the online PATIENT FORUM: I would like to add my email address to the online forum mailing list and understand that this will be used to ask me for my opinion about the running of the practice and services offered/changes and will not be passed to any third party.

Signature:	**Date:**

Office use only

Id: Photo Type _____ Address _____ Other: _____ Staff Initials _____ Date_____

Online account issued YES / NO Named GP : _____ Practice leaflet given: YES / NO