

ELMLODGE SURGERY

NEW PATIENT QUESTIONNAIRE ADULT

Surname.....Mr Mrs Ms Miss Dr Other

First Name.....Date of Birth...../...../.....Male Female

Email address.....

Your height.....cm

Your weight.....kg

Please use the blood pressure machine in reception and record results here: systolic diastolic pulse

Is there anyone else living at the same address who is already registered with this practice? If so, please give their name(s):.....

Medical History

| Do you suffer from any of these conditions? | Yes/No | Date when diagnosed |
|--|---------|---------------------|
| Diabetes Type 1 | Yes/No | |
| Diabetes Type 2 | Yes/No | |
| High Blood Pressure | Yes/No | |
| Stroke | Yes/No | |
| Osteoporosis | Yes/No | |
| Epilepsy | Yes/No | |
| Asthma | Yes/No | |
| Hayfever | Yes/No | |
| Eczema | Yes/No | |
| Depression | Yes/No | |
| Heart Disease | Yes/No | |
| Glaucoma | Yes/No | |
| Cancer | Yes/No | |
| If YES, please state which type e.g. Breast, Colon | Detail: | |

Please give detail of any other conditions you suffer from that are not mentioned in the table:

Family History

| Does a family member suffer from any of these conditions? | | Which relative? |
|---|---------|-----------------|
| Diabetes | Yes/No | |
| High Blood Pressure | Yes/No | |
| Heart Disease | Yes/No | |
| Asthma | Yes/No | |
| Glaucoma | Yes/No | |
| Cancer | Yes/No | |
| If YES, please state which type e.g. Breast, Colon | Detail: | |

Allergies

Please fill in the table below if you have any allergies:

| Medication: | Severity: | Food: | Severity: | Anything else: | Severity: |
|-------------|-----------|-------|-----------|----------------|-----------|
| | | | | | |

Exercise

How would you describe your exercise activity?

Inactive Enjoy light exercise Enjoy moderate exercise Enjoy heavy exercise

How long does your exercise usually last?

Less than 10 minutes each time Less than 30 minutes each time 30 minutes or more each time

Smoking

Do you smoke? Current Ex-Smoker Never smoked

Smoking is the greatest single cause of illness and premature death in the UK. If you do smoke, we advise you to stop and the surgery would be pleased to help you do this. Would you like information about the support the surgery provides to help you stop smoking? Yes No

Medication: With your registration forms please bring in copies of the repeat lists which state the current medications you are on. If you do not have a copy, please book an appointment with a GP and bring along your medications to the appointment.

HIV Tests: We offer all our new patients a test for HIV. Book an appointment with one of our nurses if you wish to discuss this.

Veterans: Have you ever served in the British Armed Forces? Yes No

Alcohol Screening

Based on 1 unit = ½ pint of beer or 1 glass of wine (125ml) or 1 single spirits

How many units of alcohol do you drink in a normal week?

| Questions PART 1 | Scoring System | | | | | Your Score |
|---|---|-------------------|----------------------|--------|---------------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often did you drink alcohol in the past year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Only answer the following questions if your score is above 1 | | | | | | |
| How often do you have 8 units (men) / 6 units (women) or more on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| In the last year has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down? | No | | Yes, on one occasion | | Yes, on more than once occasion | |
| Total Score | Add up your total score and enter it in the box on the right. If you score 3 or more, please complete the next questionnaire. | | | | | |

| Questions PART 2 | Scoring System | | | | | Your Score |
|--|--|-------------------|----------------------|--------------------|---------------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often did 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 typical day when drinking? | 1-2 | 3-4 | 5-6 | 7-8 | 9+ | |
| How often do you have 6 or more standards drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you needed an alcoholic drink in the morning to get you going? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you has a feeling of guilt or regret after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you not been able to remember what happened when drinking the night before? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Have you or someone else been injured as a result of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Has a relative/ friend/ doctor/ health worker been concerned about your drinking or advised you to cut down? | No | | Yes, on one occasion | | Yes, on more than once occasion | |
| Total Score | Add up your total score and enter it in the box on the right. Scoring 8 – 15 = hazardous drinking Scoring 15 – 19 = harmful drinking Scoring 20 or more = possible dependence | | | | | |

Employment Status

Please tick one of the following: Retired Student Unable to work Unemployed Employed as.....

Are you carer? i.e. Do you look after a friend or a relative who is sick, disabled, elderly has a mental health problem or for any other reason? Yes No

If yes, please give details of the person you care for:

Name.....

Reason for care.....

Are you cared for? i.e. Do you have a friend or relative who helps you live your day to day life? Yes No

If yes, please give details of your carer's contact information:

Name.....

Contact Number.....

Consent for patient record sharing

SCR (Summary care record) An electronic record which gives healthcare staff faster and easier access to essential information about you to help provide you with safe treatment when you need care in an emergency or when your GP practice is closed.

Only details provided:

- Demographics (name/address/contact details)
- Medication
- Allergies

Tick box to withdraw consent

Non-identifiable patient data Sometimes the practice shares information with other organisations such as the clinical commission group. It will not normally be possible to identify you from this information.

Tick box to withdraw consent

If you wish to opt out of all non-identifiable data sharing across the NHS please visit www.nhs.uk/your-nhs-data-matters

LUCR (Southwark and Lambeth local unified care record) Data sharing for the provision of coordinated clinical care between GPs, community providers and hospitals.

Access to GP records only provides:

- Read coded data (demographics, diagnosis, medications, allergies, test results such as blood pressure and blood tests etc.)

Tick box to withdraw consent

Patient Participation Group: Our patient participation group meets 4 times per year please go to our website at www.elmlodgesurgery.co.uk for further details and to sign up.

Ethnic Status, Nationality and Language

Ethnicity: We are asked to collect details of your ethnic background so that those who plan services can see that that all sections of the community can easily access health services and that the way that these services are provided is appropriate to people from all backgrounds. To help do this, would you tell us the ethnic group to which you belong? The information we gather is strictly confidential and will not be passed onto anyone else with your name attached, or with any other information that could identify you.

What is your country of birth?.....

What is you main spoken language?.....

Do you need an interpreter or translator? Yes No

Please circle the code for the group that you think is most appropriate for you.

| WHITE | CODE | BLACK OR BLACK BRITISH | CODE |
|----------------------------|------|--------------------------------|------|
| British | A | Caribbean | M |
| Irish | B | African | N |
| Any other White background | C | Any other black background | P |
| MIXED | | OTHER ETHNIC GROUPS | |
| White and Black Caribbean | D | Chinese | R |
| White and Black African | E | Any other ethnic group | S |
| White and Asian | F | | |
| Any other mixed background | G | NOT STATED | |
| ASIAN OR ASIAN BRITISH | | I don't wish to give ethnicity | Z |
| Indian | H | | |
| Pakistani | J | | |
| Bangladeshi | K | | |
| Any other Asian background | L | | |

Thank you for providing the above information. We welcome you to the surgery. If you have any questions about our services please do not hesitate to speak to one of our receptionists.

Elm Lodge Surgery collects and holds data about our patients for the purpose of providing safe and effective healthcare. We recognise that our patients entrust sensitive and personal information to us and we have a responsibility to keep it accurate and secure. An information notice is displayed in the waiting room and on our website. Please sign this form to confirm your consent to our processing your personal data.

SIGNED.....DATE.....