

New Patient Health Questionnaire

PERSONAL DETAILS & SHARING INFORMATION							
Title	Mr	Mrs	Miss	Ms	Other	Date of Birth	
Surname						NHS Number	
First Name						Occupation	
SHARING INFORMATION & MEANS OF CONTACTING YOU **							
In accordance with the Data Protection Act, the Practice requires consent to enable us to leave messages, send text message reminders and speak to a third party (i.e. next of kin or your carer) about your medical care.							
					PLEASE TICK if you consent to the practice leaving you answer phone messages, sending SMS text messages or contacting you by email.		
Tel No:							
Mobile:							
Work:							
Email:							
I consent for the practice to leave messages concerning my medical treatment e.g. cancelled appointments with:							
If you wish to give consent for a third party to have access to your medical records please ask reception for a separate consent form.							
COLLECTING PRESCRIPTIONS **							
Any patient wishing for a third party to collect their prescription will have to provide consent.							
I give consent for _____ to collect my prescription on my behalf.							

***This consent will remain in force until further notice or cancellation by me.**

CONSENT
<p>If you are registered with a GP practice in England, you will have a Summary Care Record (SCR) unless you have chosen not to have one. Your SCR contains the following basic information: the medicines you are taking, your allergies, bad reactions you may have to certain medicines. It also includes your name, address, date of birth and unique NHS Number helps to identify you correctly.</p> <p>An SCR is used in a number of healthcare settings and will provide healthcare professionals with any information they wouldn't otherwise have. For example, when you're visiting an urgent care centre or being admitted to hospital, staff could view your SCR and discover you are on a particular medication or have allergies.</p> <p>If appropriate, you/health professionals can choose to add any information to your SCR that you think will help improve your care. This can be of particular benefit to patients with detailed and complex health problems. You and/or your carer should discuss anything you wish to add with your GP. Only authorised healthcare professionals directly involved in your care can access your SCR. Your SCR will not be used for any other purposes.</p> <p>All patients registered at Canterbury Medical Practice are recorded as 'implied consent medications, allergies and adverse reactions only'. This will remain on your record until you make an express choice. If you would like further information please contact reception or visit https://digital.nhs.uk/summary-care-records</p>

Please select one from below:	
I give express consent for my Summary Care Record – medications, allergies and adverse reactions only	Name
	Signature
	Date
I give express consent for my enriched Summary Care Record - medications, allergies and adverse reactions AND additional information	Name
	Signature
	Date
I am unsure about Summary Care Records and would like to decide after further discussion – remaining as implied consent until I notify the practice otherwise.	Name
	Signature
	Date
I DO NOT give my express consent – Opted out	Name
	Signature
	Date
Other please specify ...	

ETHNIC GROUP			
White	British		Black
	Irish		Caribbean
Asian	Indian		Other
	Pakistani		White & Black Caribbean
	Chinese		White & Black African
			White & Asian
			Arab

	Other (Please specify)			Prefer not to answer.	
--	------------------------	--	--	-----------------------	--

LANGUAGE & COMMUNICATION	
Please indicate your first language	
Do you speak a second language?	
If English is not your first language, would you need an interpreter during a consultation?	**
OTHER WAYS WE CAN HELP	
<p>The practice is always looking at ways to improve the way in which we communicate with our patients, if you have a disability, impairment or sensory loss please let us know so that we can better help you access and understand the information and correspondence from the practice. Examples of support would include emails, text messages, sign language interpreters, lip-reading, audio, braille, easy read or large print etc. For more information please ask at the reception desk or visit www.england.nhs.uk/accessibleinfo</p>	
Do you have any information or communication needs?	**
If yes please give details:	

OTHER INFORMATION			
Are you registered disabled?	Yes		No
If yes please give details of your disability:			

Do you have a carer?	Yes		No
Are you a carer?	Yes		No
Do you have a social worker?	Yes		No
Do you live in a care home?	Yes		No
Are you an asylum seeker or refugee?	Yes		No
Are you an armed forces veteran?			
If yes, please give details:			

If you are a carer please ask for a carer's questionnaire at the reception desk, thank you.

MEDICAL INFORMATION							
Have you ever suffered from? (tick as appropriate)							
Epilepsy	Yes	No	Blindness/Glaucoma	Yes	No		
High Blood Pressure	Yes	No	Diabetes	Yes	No		
Heart Attack/Stroke	Yes	No	Depression	Yes	No		
Cancer	Yes	No	Asthma	Yes	No		
Eczema/Hay Fever	Yes	No					
You are invited to make an appointment for a new patient check , where your medical history will be discussed, in the meantime are there any serious illnesses, operations, accidents or disabilities you think we should be aware of beforehand?							

Your height:	<input type="text"/>	Your weight:	<input type="text"/>
--------------	----------------------	--------------	----------------------

Are you allergic to any medicines and if so, which?

FAMILY HISTORY

Please state any serious illness, in particular heart disease, strokes, high blood pressure, diabetes or any inherited disease:

--

SMOKING STATUS

Are you a current smoker?	Yes		No		If yes how many cigarettes or ounces of tobacco per day?	
Would you like advice on giving up smoking?	Yes		No			
Are you an ex-smoker?	Yes		No		If yes how many cigarettes or ounces of tobacco per day?	
					When did you stop?	

ALCOHOL CONSUMPTION (over 16s only)

How much alcohol do you drink in a week?		Units
(1 unit = ½ pint beer, 1 small glass of wine, 1 single spirit, 1 small glass of sherry or 1 single aperitif)		

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-3 times per month	2-3 times per week	4+ per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

***dependent on your score we may offer you the opportunity for further screening in line with national guidance.*

Print Name:	
Patient Signature:	
Date:	

Canterbury Medical Practice offer online access - booking appointments, ordering medication and access to aspects of your medical record. If you would like to sign up, please ask Reception for an online access form. Please note that we will only be able to activate access to your medical information once your medical records have been received from your previous practice.