Parkside Medical Practice

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www.parksidemedicalpractice.co.uk

A professional and caring team, responsive to the health needs of our community

New Patient Questionnaire

Welcome to our medical practice. In order to ensure that we know enough about you to complete your registration and best support your health care needs, please take a few minutes to complete this questionnaire - all your information will of course be kept confidential.

Some important information about you (or the person you are registering

☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name(s)

Surname

Address

Date of Birth / /

Mobile

Postcode

May we send you text messages? ☐ Y ☐ N

Nationality

Telephone

Occupation

Email

Religion

May we send you emails about your care? ☐ Y ☐ N

Your communication needs

Main spoken language

If you have any specific communication needs, please tell us how we should best communicate with you

☐ Braille ☐ Large type ☐ Audio ☐ Easy Read ☐ Other, please tell us what

Supporting carers

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Anyone can become a carer; carers come from all walks of life, all cultures and can be any age.

Are you a carer? ☐ Y ☐ N Do you have an unpaid carer? ☐ Y ☐ N

What is their name and relationship to you?

If you are a carer, would you like to be contacted with support information? ☐ Y ☐ N

If you have a carer, are you happy for us to contact them? ☐ Y ☐ N

Now please turn over

Application for online access to your medical record

I wish to have access to the following online service (✓ all that apply)

☐ Booking appointments ☐ Requesting repeat prescriptions ☐ View my coded medical record

I wish to access my medical record online and,

- I have read and understood the information leaflet provided to me by the Practice
- I accept responsibility for the security of any information that I see and / or download
- I will contact the Practice as soon as possible if I suspect that my account has been accessed by anyone without my agreement
- If I see information in my record that is not about me or I believe to be inaccurate, I will contact the Practice as soon as possible
- If I feel that I may come under pressure to give access to my account unwillingly to someone else, then I will contact the Practice as soon as possible

About your health and lifestyle

Do you have any **allergies**? ☐ Y ☐ N If yes, please give details

Do you **exercise** regularly? ☐ Y ☐ N If yes, please give details

Your weight Kg St. Your height cm Ft Are you happy with your weight? ☐ Y ☐ N

Smoking

Please ✓ the most appropriate option

☐ Smoker Number of cigarettes per day

☐ Ex-smoker When did you quit

☐ Never smoked

Alcohol

How often do you drink alcohol?

☐ Never ☐ 2-4 times a month

☐ Monthly or less ☐ 2-3 times a week

☐ 4 or more times a week

How many standard alcoholic drinks do you drink on days when you are drinking?

☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-9

☐ 10 or more

How often have you had 6 or more drinks on one occasion?

☐ Never ☐ Less than monthly

☐ Monthly ☐ Weekly

☐ Daily or almost daily

Family Medical History

Has any member of your immediate family (parents, grandparents, siblings or children) had any of the following? Please circle any that apply.

♦Angina ♦Arthritis ♦Asthma ♦Cancer ♦Chronic Bronchitis ♦Diabetes ♦Depression or Mental Illness ♦Disability (mental / physical) ♦Eczema ♦Epilepsy ♦Glaucoma ♦Hay fever ♦Heart Attack ♦Hearing Difficulty ♦High Blood Pressure ♦Hysterectomy ♦Migraine ♦Poor Eyesight ♦Stroke ♦Thyroid Disease ♦Tuberculosis ♦Ulcer

☐ Yes No ☐ If yes, please give details

Declaration

I confirm that the information provided is accurate and true to the best of my knowledge

Signed Date

If you are signing on behalf of the patient, please print your name and relationship to the patient here

For Practice Use Only

NHS Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

ID Verified by ☐☐☐ Date ☐☐ / ☐☐ / ☐☐

☐ Vouching ☐ Info in record ☐ Photo ID & proof of address

Authorised by ☐☐☐☐ Date ☐☐ / ☐☐ / ☐☐

Acc. Created ☐☐ / ☐☐ Passphrase sent ☐☐☐☐

Read code added

☐ XaXmW Patient ID verified

☐ Xab2B Patient contact details verified

☐ Xabui Registered for online access to practice

Coded record access only to be granted