BARNARD CASTLE SURGERY

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

To register with the Practice please complete this questionnaire as fully as possible. The information will help us meet your healthcare needs. **Please bring the completed form with proof of identity to reception.**

As your medical notes may take some time to reach us, we would like to take this opportunity of inviting you to make a 20 minute appointment (40 minutes for a family) for a New Patient Check with our Health Care Assistant. During this appointment she will make a note of medical problems and check your current state of health. We would be grateful if you could fill in the questionnaire before the appointment and if you could bring a urine sample with you for testing (sample bottles available from the reception desk at the Surgery).

To make an appointment please telephone 01833 690408.

Your Contact Details

Title		Date of Birth	
Surname		NHS Number	
First Name(s)		Sex	
Preferred Calling Name		Occupation	
Previous Surname		Marital Status	
Home Address			
Postcode			
Home Telephone		Work Telephone	
Mobile Telephone		Email	
Next of Kin		Relationship to Patient	
Next of Kin Address			
Next of Kin Contact Number			

Previous GP

Name and Address of Previous GP

Proof of Identity and Address Provided

A combination of the following can be accepted as identification (it is preferable that one item of photo ID is seen, along with one document containing your address):

☐ Birth Certificate	☐ Driving Licence	☐ Passport	☐ Utility Bill
☐ Allowance Book	☐ Solicitor's Letter	☐ Offer of Tenancy	☐ Medical Card
☐ Marriage Certificate	☐ Payslip / P45	☐ Bank / Building Society Cards / Statements	☐ National Insurance Number Card

☐ Other ____________________

On-line Services

Would you like to register for our on-line appointment booking and prescription ordering service? **www.barnardcastlesurgery.co.uk** Yes☐ No☐

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☐	COPD	Yes☐ No☐
Anxiety	Yes☐ No☐	Bipolar Disorder	Yes☐ No☐
OCD	Yes☐ No☐		

Please list any other serious illnesses / operations / accidents / disability (and for women any pregnancies or pregnancy related problems) and the year they took place

Condition	Year

Please list any medication that you are taking (or attach repeat prescription order form)

Name	Form (tablets / capsule / liquid / etc)	Dose	How many times a day?

Are you allergic to any medicines and if so which? Yes☐ No☐

Do you have any other allergies and if so please given details Yes☐ No☐

Information About You

What is your height?

What is your weight?

What is your first language?

Do you need an interpreter? Yes☐ No☐

Ethnic Group

White	☐ British	☐ Irish	☐ Other	
Black	☐ Caribbean	☐ African	☐ Other	
Asian	☐ Indian	☐ Pakistani	☐ Chinese	
	☐ Other			
Mixed	☐ White + Black Caribbean		☐ White + Asian	
	☐ White + Black African		☐ Other	

Have you **served in the Armed Forces**? Yes☐ No☐

Do you have any disabilities or special needs? (If yes, please give details) Yes☐ No☐

Carers

Our practice is committed to supporting carers. Is there a child or young person in the family who helps to provide care or support to another family member? Approximately 10% of the current population are carers. **www.durhamcarers.info**

Do you have a carer? (if yes, please give details) Yes☐ No☐ See **NHS Choices**

Are you a carer? (if yes, then please give details) Yes☐ No☐ See **NHS Choices**

If you would like to give permission for someone else to help deal with your health needs including medication and results then please ask a receptionist for more details about how we can arrange this

Smoking

Do you smoke? Yes☐ No☐

If yes; How many cigarettes per day or ounces / grams of tobacco per week?

How long have you smoked for?

If no; Have you ever smoked? Yes☐ No☐

If you have smoked; How many years did you smoke for?

How many cigarettes per day or ounces / grams of tobacco per week did you smoke on average?

We always encourage smokers to give up smoking and can offer help and support with doing this – see NHS Choices. If this is something that you would like more information about then please speak to one of our receptionists or phone 0800 011 3405.

Alcohol

1 drink = ½ pint of beer or 1 small glass of wine or 1 single spirit
For more information see NHS Choices.

How much do you drink in an average week?

MEN: How often do you have EIGHT or more drinks on one occasion?
WOMEN: How often do you have SIX or more drinks on one occasion?

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

How often during the last year have you failed to do what was normally expected of you because of drinking?

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Family History

Please state any serious illness, in particular cancer, heart disease, stroke, high blood pressure, diabetes or any inherited disease. Please state your relationship to the individual and in the case of cancer, the type of cancer.

Immunisations

For patients aged over 64 and over or those with a chronic disease (eg asthma or diabetes)

Have you ever had a **Flu vaccination**? Enter date or 'never'

Have you ever had a **Pneumonia vaccination**? Enter date or 'never'

Women

Have you ever had a cervical smear? Yes☐ No☐

If yes then when was the date of your most recent cervical smear and the result?

Have you had a mammogram? Yes☐ No☐

If yes then when was the date of your most recent mammogram and the result?

Advance Decisions (For information see NHS Choices)

Do you have a living will or advance decision to refuse treatment? Yes☐ No☐

Do you have a personal welfare lasting power of attorney? Yes☐ No☐

Contacting You

I agree that I may be contacted from time to time, via email and/or SMS, with practice news or surveys, advice about my health and/or appointment reminders. Yes☐ No☐

Consent to Share Information

PLEASE COMPLETE ALL SECTIONS (You are able to change your decision at any time)

Summary Care Record – My Emergency Care Summary

This will be used in emergency care. The record will contain essential information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

☐ **YES;** I would like a Summary Care Record. Healthcare staff will ask your permission before they look at your record, except in certain circumstances for example if you are unconscious.

☐ **NO;** I do not want a Summary Care Record.

Electronic Patient Record Sharing

Sharing Out

Do you consent to Barnard Castle Surgery allowing other health care services who are directly involved with your care and using a compatible computer system to see data held by the practice?

☐ **YES**: I consent to share data with other compatible computer system users involved in my care.

☐ **NO**: I do not consent to share data recorded at Barnard Castle Surgery with other system users involved in my care.

Sharing In

Do you consent to Barnard Castle Surgery viewing any data recorded at other health care services that may care for you?

☐ **YES**: I consent to Barnard Castle Surgery viewing data held by other Health Care organisations.

☐ **NO**: I do not consent to share data recorded at other organisations with Barnard Castle Surgery.

Signature

Signature	
Date	

Further information about Barnard Castle Surgery and the services we offer can be found on our website at www.barnardcastlesurgery.co.uk

- **We have a patient participation group and you would be welcome to join this.**
- **Patients aged 75 and over will be given a 'Named GP'.**
- **Patients at increased risk of hospital admission will be offered a care co-ordinator**
- **If you are aged 40-74 without a pre-existing condition we would be pleased to offer you an NHS Health Check. This is your chance to get a free midlife MOT!– further details can be found on the NHS Choices website**