Brewood Medical Practice

Brewood
Wheaton Aston
Coven
& Surrounds

New Patient Health Questionnaire

Patient Details

Title:	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Mx ☐	Dr ☐	Date of Birth:	
First Names:			Middle Names:				Surname:	
Previous Surnames:			Preferred calling name:				Marital Status:	

Home Address:			
Post Code:			
Email address:			
Home Tel No:		Mobile Tel No:	

Preferred method of contact:

Home Tel No:	Mobile Tel No:	Email:	Letter:
☐	☐	☐	☐

Employed:		Occupation (last job role held if retired):	Military Veteran		Minor Dependant of military Veteran	
Yes ☐	No ☐		Yes ☐	No ☐	Yes ☐	No ☐

Name and Address of Previous GP:

All patients are allocated a named GP at Brewood Medical Practice, this does not affect who you can book an appointment with. Your named GP will be:

Dr Asif Ahmed

You do not need proof of ID to register at the practice, however it will assist the process.

If you would like to have your patient online account set-up for ordering repeat prescriptions, accessing your medical records including test results, please bring photo ID to the practice for your identity to be confirmed and your application to be processed.

Office use only

Proof of identification seen	Yes ☐	No ☐

Ethnic Group

Black		Caribbean		White		British	
		African				Irish	
		Other (Please specify)				Other (Please specify)	

Asian		Indian		Mixed		White & Black Caribbean	
		Pakistani				White & Black African	
		Chinese				White & Asian	
		Other (Please specify)				Other (Please specify)	

Country of birth:	Main Spoken Language:
If you require a language interpreter, please state language needed:	

Do you have a carer: Yes ☐ No ☐	If yes please give their details: ☐Carer gives permission for their details to be held in your medical records				
Are you a carer: Yes ☐ No ☐	If yes please give details:				
Do you have communication needs, if yes please check what is relevant:	Uses hearing aid ☐	Uses British Sign Language ☐	Uses lip-reading ☐	Reads Braille ☐	Uses Makaton Sign Language ☐
If you have any other communication needs, please give details:					

Next of Kin details to contact in an emergency, please check if your NOK have consented for their information to be held in your medical records ☐

Name:	Relationship:	Contact number:

Do you consent to receive communication by the following methods:

SMS Text messaging		Telephone Call		Letter		Email	
Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐

Smoking Status:

Are you a non-smoker: Yes ☐ No ☐	Are you a current smoker: Yes ☐ No ☐	Are you an ex -smoker: Yes ☐ No ☐
Do you use an electronic cigarette: Yes ☐ No ☐	Would you like to receive support to quit smoking: Yes ☐ No ☐	If yes, Please call us on **0333 005 0095** to take part or **Text QUIT to 60777**.

OVER 16's ONLY

(1 unit = ½ pint beer, 1 small glass of wine, 1 single spirit, 1 small glass of sherry or 1 single aperitif)	
How many units of alcohol do you drink per week	

Alcohol Users Disorders Identification Test (AUDIT) C

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 have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					Total Score	

Physical Activity

Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following possibilities:	
I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	☐
I spend most of my day at work sitting (such as in an office)	☐
I spend most of my time standing or walking. However, my work does not require intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	☐
My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers, etc.)	☐
My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	☐

During the last week, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not:				
	None	**Some but less than 1 hour**	**1 hour but less Than 3 hours**	**3 Hours Or more**
Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout, etc**.**	☐	☐	☐	☐
Cycling, including cycling to work and during leisure time.	☐	☐	☐	☐
Walking, including walking to work, shopping, for pleasure etc.	☐	☐	☐	☐
Housework/childcare	☐	☐	☐	☐
Gardening/DIY	☐	☐	☐	☐

Please provide the following information, if known

Height:	Weight:

Are you registered disabled: Yes ☐ No ☐	If yes, please give details of your disability:

Please answer the following questions

Are you registered blind or partially sighted: Yes ☐ No ☐	Are you registered deaf or have a hearing difficulty: Yes ☐ No ☐	Are you dependant on a wheelchair: Yes ☐ No ☐

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

Condition	Family Member

Please list any medications you currently take.

Are you allergic to any medicines, If yes, Please give details	
Please nominate a pharmacy you would like your prescriptions to be sent electronically, please include address	

Medical Information

Please list any serious, allergies, illnesses, operations or accidents (and for women, pregnancy related problems) and the year they took place.

Cervical Smear Information (for patients with a cervix)

Have you had a cervical smear?	Yes ☐	If yes, please give date:	No ☐

Diet

Please tick the most appropriate answer:	
I consider my diet to be - very healthy, eat 5 pieces of fruit or vegetables per day, my diet consists of foods low in saturated fats, refined sugars and salt	☐
I consider my diet to be - healthy, eat 5 pieces of fruit or vegetables per day but also eat foods which are high in fats/sugars or salt	☐
I try to keep to a healthy diet, but constraints in my workplace or home life often make this difficult	☐
I have difficulty controlling my diet and will often eat foods high in fats/sugars and calories.	☐

The surgery has an active Patient Participation Group (PPG) –

The Purpose of a PPG is to give patients and practice staff the opportunity to meet and discuss topics of mutual interest.

A Patient Participation Group (PPG) is a group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience to improve the service.

PPGs are good for practice staff because:

- GPs and staff can work with patients to plan services which best meet the needs of the people who use those services.
- They can provide help and advice for patients on non-medical or social care issues.
- Patients can help the practice to meet its targets and objectives.
- GPs and staff have an opportunity to share their ideas with patients.
- They get closer to their community – even more important as GPs take on increasing responsibility for spending more of the NHS budget to plan and buy health services for local people.

PPGs are good for patients because:

- They encourage patients to be more responsible for their own health.
- Patients know more about their GP practice and its staff.
- Patients can have a say on any plans to change their family doctor services.
- Communication between patients and practice staff improves.
- Patients have a chance to make suggestions and ask questions.
- Local people can raise money to improve the facilities at their GP surgery.

Are you interested in joining the Practice Participation Group Yes ☐ No ☐
If you are interested in joining the PPG, please e-mail the practice at: brewoodsurgery@nhs.net who can pass on your contact details to the current PPG Chair.

Summary Care Record (Please refer to additional information sheets)

☐ **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

☐ **Undecided -** enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff within 12 weeks. If you do nothing, after this time, we will assume that you are happy with these changes and create a Summary Care Record for you.

☐ **No I do not want a Summary Care Record –** enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff.

Signature: _____ **Date:** _____

Summary Care Records

NHS

Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature .....

Relationship to patient ..... Date .....

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no Date .....

Ref: 4705