

Your registered GP will be: Dr S Barnes



Park Practice

Eastbourne

Staff use: Proof of address seen

Staff initials _____

Staff use: ID seen (please write ID type).....Staff initials _____

New Patient Questionnaire – 16yrs and over

Title: (Mr/Mrs/Miss/Ms/Mx/Other) _____ Male: Female:

Is your gender the same as the one you were assigned at birth: Yes: No:

Name: _____ Date of birth: _____

Telephone number (House): _____

(Mobile): _____

Address: _____

Email Address: _____

In order to obtain your medical records in a timely fashion, please tick here if you are not presently registered with any practice due to them off listing you for moving out of the practice area.

Contacting you

We may need to contact you by post, telephone, text or email for the purposes of direct medical care. We may leave a message on your answer phone for you to contact us. If you have any objections to the above please inform the practice in writing.

To comply with GDPR (General Data Protection Regulations) we need your specific consent to contact you for the following:

Text (SMS)

Are you happy for us to contact you for appointment reminders and other medical related information via text message?

Yes

No

I do not have a mobile phone

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Enhanced Text (SMS)

With your agreement, we would like to enhance the above SMS service and have permission to send you more detailed texts, specifically related to your own medical care. **We can only offer this to patients that have their own mobile number and DO NOT share a number with anyone else in the household.** Would you like to receive more details SMS messages?

Yes, I have my own mobile phone

No

I share a mobile number with another adult

I do not have a mobile phone

Emails

Are you happy for us to contact you with surgery information via email?

Yes

No

I do not have an email account

Please note that you can opt in or out of either of these services at any time by contacting a member of the reception team, emailing us or by using the text message opt out option.

Important information about our surgery and ways we may contact you can be found on our website under 'GDPR': www.parkpractice.co.uk and in our waiting room.

We would like to inform our patients that we record, store, and may monitor or use any incoming and outgoing calls, email or any other communication with you for training purposes and to improve the quality of our services. Calls are stored on a standalone recording system and are not accessed unless there is a training or monitoring need. Calls are automatically deleted after 6 months. Should you wish a telephone call to be deleted before the 6 month period, please contact the practice to request this from a member of the management team.

Detailed record access

Based on the ID that you provided when you registered, we can set up detailed record access on your medical records. Simply download the NHS App and the information will be visible to you. This will be all immunisations from birth, plus all medical information added to your record from the day you become a registered patient at Park Practice. If you would like us to set this up for you, please tick here:

If you would like to access details of all your previous medical records online, please ask at the Reception desk for Form B or print the 'Detailed coded record access form' from our website: <https://www.parkpractice.co.uk/doitonline.aspx>

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Do you have any special communication needs? **Yes** **No**

If yes, please let us know how we can help you.

Occupation: _____ Today's Date: _____

Height: _____ Weight: _____

Name and contact number of next of kin: _____

Main language spoken if NOT English: _____

Ethnic Category Code (Please tick)

White		
• English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	976631000000101
• Irish	<input type="checkbox"/>	976651000000108
• Gypsy or Irish Traveller	<input type="checkbox"/>	976671000000104
• Any other White background	<input type="checkbox"/>	976691000000100
Mixed/Multiple ethnic groups		
• White and Black Caribbean	<input type="checkbox"/>	976711000000103
• White and Black African	<input type="checkbox"/>	976731000000106
• White and Asian	<input type="checkbox"/>	976751000000104
• Any other Mixed/Multiple ethnic background	<input type="checkbox"/>	976771000000108
Asian/Asian British		
• Indian	<input type="checkbox"/>	976791000000107
• Pakistani	<input type="checkbox"/>	976811000000108
• Bangladeshi	<input type="checkbox"/>	976831000000100
• Chinese	<input type="checkbox"/>	976851000000107
• Any other Asian background	<input type="checkbox"/>	976871000000103
Black/African/Caribbean/Black British		
• African	<input type="checkbox"/>	976891000000104
• Caribbean	<input type="checkbox"/>	976911000000101
• Any other Black/African/Caribbean background	<input type="checkbox"/>	976931000000109
Other Ethnic Groups		
• Arab	<input type="checkbox"/>	976951000000102
• Any other ethnic group	<input type="checkbox"/>	976971000000106
Not stated – I do not wish to state	<input type="checkbox"/>	92531000000104

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Carers

Are you a carer Yes No if yes, please can we have the name of the person you care for:

and what is your relationship?.....

'Care for the carers' are available to help you on: 01323 738390. www.cftc.org.uk

A carer is a person who looks after someone at home because of their relationship with that person. A carer may be a relative / friend or neighbour and does not always live with the person cared for. A carer is not paid for the care they provide.

Military Veteran (UK)

Please tick here if you are currently serving, or have ever served, in the UK Armed Forces (this included reservists or part-time service, e.g.: Territorial Army) 13Ji

Please tick here if you are a member of a current or former serviceman or woman's immediate family/household 13WY

Medical Records

We will apply for your medical records on the day you register with us; however, you need to allow approximately 6-8 weeks for them to arrive and up to a maximum of 8 weeks for us to process them. It is therefore essential that any important medical conditions are disclosed on this form.

Past Illnesses

Please list any serious illnesses/operations/accidents etc.

YEAR	ILLNESS ETC

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Please feel free to ask for an appointment with our Health Care Assistant or Practice Nurse for a 'Health check' to take your blood pressure, weight and height, test your urine and take a brief medical history.

For more information on how to access your medical records online, please see our Practice Booklet or our website.

Family History – serious illness and death only

	Age of diagnosis if known.	Serious illness, heart, diabetes, stroke, cancer, etc.	Age at death	Cause of death if known
FATHER				
MOTHER				
BROTHER				
SISTER				

Medication

Are you on any repeat medication: Yes No (please move to Allergies)

If yes, we use an electronic prescribing service (EPS) and this enables us to send your prescription electronically to a chemist of your choice.

Please state the name and street name of your nominated pharmacy

Name:.....Street:.....

..... and sign here: _____

You may be asked to book an appointment with your doctor for your first prescription. Please allow plenty of time before your medication runs out.

We do not accept prescriptions requests over the telephone.

- You can complete a form at the reception desk.
- You can ask your pharmacy to request your medication.

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- If you are aged over 16 years old you can register for Online Services. The easiest way to access online services is via the NHS App – search on Google Play or the App Store, or you via this link: www.nhsapp.service.nhs.uk/login <https://www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-services/> or choose from a number of online service providers via our website www.parkpractice.co.uk
- You can put your request in writing and post it/deliver it to the surgery.

Please note:

Please always **allow 4 working days** between requesting the script and collecting it; please allow 5 working days if the script is being sent to a pharmacy.

Please note that we may require patients on Opioid medication such as Codeine, Dihydrocodeine, Tramadol, Morphine, Oxycodone, Fentanyl or Buprenorphine to sign a prescribing agreement.

Allergies

If you have had any allergies to drugs, food or injections please list them and what happens.....
.....
.....

Smoking

1. Do You Smoke: Yes No (If no see Question 2)
If yes do you **S**Smoke: **C**igarettes **C**igars **P**ipe **R**oll-ups
How many ounces or cigarettes a day? _____
How many years have you smoked for? _____
If you would like help giving up, please see the leaflet on the back page.
2. Are you an **E**x-smoker: Yes No (If no see Question 3)
If yes how many years did you smoke for? _____ How long ago did you stop?
What did you smoke: **C**igarettes **C**igars **P**ipe **R**oll-ups
How many ounces or cigarettes a day _____
3. Are you a **P**assive smoker Yes No (if no see Question 4)
4. Are you a lifelong non-smoker? Yes No

If you are a current smoker and wish to have support giving up please ring Quit 51 on 0800 622 6968

For Females only

Date of last smear: (Approx.).

If appropriate, name/type of contraception:.....

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Have you had a hysterectomy? Yes No If yes:

Was your cervix removed when you had the hysterectomy? Yes No

If over the age of 50 have you attended for breast screening examination?

Yes No

Summary Care Record – Important to read this and tick in the grey box if required:

SUMMARY CARE RECORD (SCR)	
<p>The Summary Care Record is a copy of key information from your GP record. The Summary Care Record provides authorised care professionals working elsewhere in the NHS with faster, secure access to essential information about you when you need care.</p> <p>All patients will have a core Summary Care Record unless they have previously informed their GP practice that they didn't want one. A core Summary Care Record includes details of the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past.</p> <p>We would now like to offer you the opportunity to allow additional information to be added to your Summary Care Record including significant medical history, illness and operations (past and present), reasons for medications, and care plan information (if any).</p>	
<p>If you would like to have an SCR with Additional Information please TICK HERE:</p>	
<p>If you no longer wish to have a core or additional SCR, please ask at reception for an opt-out form.</p>	

Consent

Due to data protection, we will only give results and other medical information to the patient.

If you would like someone else to be able to access your medical information, results etc. on your behalf, please either download a form called 'third party consent' from our website or ask for a form at our reception desk. Once completed, you will need to bring your form to the surgery in person along with photo ID for yourself:

<https://www.parkpractice.co.uk/info.aspx?p=2>

If you currently have consent on your record that was added at a previous surgery, this will be removed when you register as a new patient here and you will need to complete a form as above.

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National Data Opt-Out

To find out more or to register your choice to opt out, please visit www.nhs.uk/your-nhs-data-matters.

On this web page you will:

- See what is meant by confidential patient information
- Find examples of when confidential patient information is used for individual care and examples of when it is used for purposes beyond individual care
- Find out more about the benefits of sharing data
- Understand more about who uses the data
- Find out how your data is protected
- Be able to access the system to view, set or change your opt-out setting
- Find the contact telephone number if you want to know any more or to set/change your opt-out by phone
- See the situations where the opt-out will not apply

Alcohol Questionnaire

It is important we hold up to date information about you; please complete the alcohol questionnaire. Thank you.

Over 16's Alcohol Questionnaire – Please Complete Section 1



Audit C

1 Using the above chart, how many units do you have per week?

Scoring System

Questions	0	1	2	3	4	Your Score
2 How often do 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	
3 How many standard alcoholic drinks do you have on a typical day when drinking?	1-2	3-4	5-6	7-8	10+	
4 How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scored 5 or more? – Please complete questions 5-11 (Audit)

Total (Q 2-4)

Alcohol Users Disorders Identification Test (AUDIT)

Your registered GP will be: Dr S Barnes

Scoring System						
Questions	0	1	2	3	4	Your Score
5 How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6 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	
7 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	
8 How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9 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	
10 Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
11 Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence

By completing this form you may be contacted by an alcohol support worker.

Total (Q2-11)	
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