

NEW PATIENT QUESTIONNAIRE
(For Nursing Home / Residential Home Residents)

Surname: Forenames:

Date of Birth:

Name of Care Home:

NHS email:

Temporary or Permanent:

Name of Next of Kin:..... Relationship to you:

Address:

.....

Telephone Number:

Consent to discuss medical matters with next of kin? Yes/No

Medical Problems:

.....

.....

Are you under hospital consultant? Yes/No

If yes, Name of Consultant/Speciality:

.....

Number of falls in the last 12 months:

Smoking History: Non-Smoker / Current Smokerper day/Ex-Smoker since

Alcohol History: Never/Rarely/Social How many units per per week?

Medications + doses:

.....

.....

Medication needed in dispersible/liquid form? Yes/No

Nominated Pharmacy:

Allergies:

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Blood Pressure: Lying/Standing:	
Heart Rate:	Is pulse regular? Yes/No:
Weight (kgs):	Height (cms):
Mobility: Independent <input type="checkbox"/> Stick <input type="checkbox"/> Zimmer <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedbound <input type="checkbox"/>	
Continence:	
Are you able to make decisions for yourself? Yes/No	
Reasons for needing Care Home Placement?	
Any present complaint/problem GP needs to be aware of?	
Is an URGENT assessment required? Yes / No (if yes, explain why)	

Do you consent to us sharing your important medical information with the ambulance service/out of hours/district nurses etc. so that all services will know of your medical problems and so can provide you the best care at all times? (This information is shared via the Summary Care Record – please ask at the surgery for more information if required.)	
Medication / Allergies:	Yes / No
Past Medical History	Yes / No
My preferences for care	Yes / No

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Do you have a

DNACPR form	Yes / No
ReSPECT Form	Yes / No
Peace plan	Yes / No
Advanced Directive	Yes / No
Proxy access form	Yes / No

Lasting Power of Attorney for:	
Health	Yes / No
Finance	Yes / No

Named LPA: Relationship to you:

Patient's/Representatives' signature:

Print Name:

Date:

Checklist for Carisbrooke only:

GMS1 registration form

Scanned copy of

 DNAR

 ReSPECT

 Advanced care plan

 Discharge letter

 MAR chart