

Carisbrooke Surgery New Patient Questionnaire

(For Patients aged 16 and above)

Please complete this form and return to the surgery with the GMS1 registration form together with a passport / driving licence and utility bill to confirm your date of birth and address.

The more information you are able to supply the better we will be able to help you with your health needs.

About You

Surname:	Forenames:
Title:	Date of Birth:
Address:	Telephone Home: No's. Work:
Postcode:	Religion:

CONSENT

By providing your email address and/or mobile number you are giving consent for Carisbrooke Surgery to contact you by text message and/or email in relation to your healthcare.

We do not pass on any information to third parties without your explicit consent.

Email Address: _____ **Mobile:** _____

Marital Status: Single / Living with Partner / Married / Divorced / Widowed / Other:

Ethnicity: White / Black / Mixed Race / Asian / Arabic / Indian / Caribbean / African / Chinese / European / British / English / Irish / Scottish / Welsh / Other *specify:*

Country of Birth: _____ Date first entered UK (*if applicable*): _____

Language: Please state your main first spoken language: _____ Preferred Language (*if different*): _____

Do you have any special communication needs? Sign Language / Large Print / Other:

Occupation: _____ Unemployed or Seeking work: Yes / No

Are you currently serving or have previously served in the armed forces? Yes / No

If yes please provide details:

Next of Kin (Name): _____ **Relationship to you:** _____

Address: _____ **Tel:** _____

Number of Children you have:

(Women only) Current Pregnancy (*if applicable*) EDD:

Are you currently a carer for someone? Yes / No Details:

Other members of your household – please list everyone who lives with you (adults & children):

Name	Date of Birth / Age	Relationship

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Lifestyle

Do you smoke?

Never Smoked / Ex-Smoker Approx date:

Current Smoker How many each day?

Do you drink alcohol?

This is one unit of alcohol...



Half pint of "regular" beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

...and each of these is more than one unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)

Fast Alcohol Screening test (FAST)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 8	10 or more	
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	
Scoring: A total of 5+ indicates increasing or higher risk drinking.					Score:	

Do you exercise regularly? Yes / No

What type of exercise: (e.g. Walking, running, gym etc.):

How often do you exercise?:

Do you consider that you eat healthily?

(e.g. plenty of fresh fruit, vegetables, low in fat and sugar)

Yes / No

Do you have any special diet?

(e.g. Vegan, vegetarian, low salt, low carb)

Height (metres):

Weight (kg):

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Your Health

Do you have any medical problems at present? <i>(If none please state none)</i> :
Please list any allergies that you may have:
Please list your most recent immunisations and the date if known:
Please provide details of your preferred pharmacy for your prescriptions to be sent to:
Please list any tablets, medicines or other treatments you are taking <i>(include those bought from the chemist)</i>

Have you had any serious illnesses? Yes / No Details: <i>(e.g. Heart Disease, Angina, Asthma, Stroke, Diabetes, Cancer, Epilepsy, Mental Illness)</i>															
Have any of these illnesses affected other members of your immediate family? Yes / No <i>(e.g. Parents / grandparents / brothers / sisters)</i>															
If yes, please provide information below. If the relative died from the illness please provide age of death															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Relation</th> <th style="width: 40%;">Illness</th> <th style="width: 30%;">Age at Death</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Relation	Illness	Age at Death												
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What operations have you had? <i>Please list in date order</i>	Date

SUMMARY CARE RECORD – PLEASE READ CAREFULLY

A very small amount of your information is held by the NHS nationally. This is known as your Summary Care Record. Unless you specify otherwise we share information about your current medication and any allergies or adverse reactions to medication you may have.

This information provides authorised care professionals working elsewhere in the NHS with faster, secure access to essential information about you when you need care but it will only be viewed once you have been asked to give your permission to view. The ONLY exception to this is if a clinician believes that the information is important to him/her and you are unable to give permission, for example if you are unconscious. If your record is viewed, the surgery is notified and, if we believe it to be unlawful, we can investigate.

You can choose whether you want a Summary Care Record and how much information it contains.

	Please tick ONE option below
I would like a Summary Care Record with Additional Information. <i>This record includes any medications you are taking, allergies, adverse reactions as well as significant medical history (past and present), reasons for medications and care plan information (if any).</i>	<input type="checkbox"/>
I would like a Summary Care Record with Core Information only <i>This record ONLY includes any medications you are taking, allergies you suffer from or adverse reactions</i>	<input type="checkbox"/>
I do not want a Summary Care Record <i>No Summary Care Record will be created for you, but you are free to change your decision at any time by informing your GP practice.</i>	<input type="checkbox"/>

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ACCEPTABLE BEHAVIOUR CONTRACT

As a new patient you are welcomed to this surgery in which you can be assured of the very best of medical attention from our dedicated team.

We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them.

Please make a note of your appointment time and, if you are unable to keep it then please let the reception staff know so that we can re-allocate your time to another patient.

Patients who persist in failing to keep appointments, whether they be for a Doctor, Nurse or HCA will be asked to re-register elsewhere.

Parents or guardians of young children will be asked to sign a form of consent to their child being immunised against the common childhood illnesses. Doctors and Nurses are happy to advise if any doubts are held about the suitability of their child for the immunisation programme and parents will be able to withhold consent if they have strong views against immunisation, however, unless they have withheld consent for whatever reason, parents are asked to keep child health surveillance and immunisation appointments or notify the surgery that they are unable to attend for any particular appointment.

An acceptable behaviour contract is an individually written agreement between a patient and their GP practice.

The surgery aims to:

- Help you as a patient to access our services
- Offer you choices where available
- Deal with your requests quickly and fairly as soon as possible
- Be polite and helpful to you

In return, we expect you as a patient to:

- Treat staff fairly and politely, whether on the phone, face to face, in writing, or on social media
- Use our complaints policy if you need to raise concerns about our care or service
- Attend your appointments, giving as much notice as possible if you are ever unable to attend
- Allow us three working days notice of any repeat prescriptions that you need

To avoid putting your place as our patient at risk, we ask you not to:

- Use abusive or threatening language
- Make threats, be violent or aggressive
- Fail to attend appointments

We appreciate your helping us to help you.

Declaration: I confirm that I understand the meaning of this contract and the possible consequences of breaking the conditions of the contract.

Patient Signature:

Date:

Thank you for taking the time to complete this form

If you have a smartphone or tablet please consider registering to use the NHS App which will give you access to all our available online services.

Information is available at: <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/>

Alternatively it is possible to access online services via Patient Access using a PC.

Forms are available on our website to register for this service: <https://www.carisbrookesurgery.co.uk>