

NEW PATIENT QUESTIONNAIRE

Please complete all relevant sections of the form by writing clearly or by ticking the appropriate boxes. Incomplete or unclear forms may delay your registration. Separate forms must be completed for each member of your household who wish to register.

Personal Details

Title:	First Name:	Surname:	D.O.B.
Full Address:			Postcode:
Home Telephone No:	Mobile No:	Work Telephone No:	
Email:	Marital Status:	Occupation:	
Have you ever been treated at the Practice before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anyone else in your household already registered with a doctor at this Practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please list their name(s) and the doctor they are registered with		

Repeat Medication – please list any repeat medication you regularly take and attach a copy of your prescription

Medication <i>eg: Paracetamol tablets</i>	Strength <i>eg: 40mg</i>	Medication <i>eg: Paracetamol tablets</i>	Strength <i>eg: 40mg</i>
1		6	
2		7	
3		8	
4		9	
5		10	

If you have a copy of your last repeat prescription re-order form, please attach this to this form.

Electronic Prescription Service (EPS) – Please complete one section only, either A, B or C

If you get regular prescriptions, the Electronic Prescription Service (EPS) will save you time by avoiding unnecessary trips to your GP.

- EPS makes it possible for your prescriptions to be sent electronically to the pharmacy or dispenser of your choice.
- Choosing a pharmacy or dispensing appliance contractor to process your EPS prescription is called nomination. This means you'll no longer have to collect a paper repeat prescription from your GP practice – instead, you can go straight to the nominated pharmacy or dispensing appliance contractor to pick up your medicines.

If you wish to sign up to EPS, please complete SECTION A only

If you already use EPS, please complete either SECTION B or SECTION C only

P.T.O

SECTION A - Electronic Prescription Service (EPS) – (new users only)

I wish to sign up to EPS

My nominated Pharmacy name and address is:

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.....
.....
.....

SECTION B - Electronic Prescription Service (EPS) – (existing users only)

I wish to continue using my existing nominated pharmacy.

Existing pharmacy name and address:

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SECTION C - Electronic Prescription Service (EPS) – (existing users only)

I wish to change my nominated pharmacy.

New pharmacy name and address:

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.....

Allergies - please list any allergies

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.....

Family History – Have your parents, any brothers or sisters had any of the following?. If YES please state who

- Asthma
- Diabetes
- Bowel Cancer
- Breast Cancer
- Stroke
- Heart Attack
- Thyroid Disorder.....

- Heart Attack under the age of 60
- Any other important family illnesses.....

Smoking Status

Do you / have you ever smoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have stopped smoking, when did you stop?.	If you are a smoker, how many per day?
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Height / Weight / Exercise / Tetanus

What is your height:	What is your weight:	Do you take regular exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times week?
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When was your last tetanus injection?

Alcohol Consumption

1 drink = 1/2 pint of beer or 1 small glass of wine or 1 single spirits

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?

Never Less than monthly Monthly Weekly Daily or almost daily

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

Never Less than monthly Monthly Weekly Daily or almost daily

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

Never Less than monthly Monthly Weekly Daily or almost daily

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?

No Yes, on one occasion Yes, on more than one occasion

Ethnicity

What is your first language? Please specify:

What is your ethnic group? (Tick 1 box only and specify as required)

British or Mixed British

British

Irish

White or Mixed White

Please specify

Other Mixed Background

Please specify

Asian or Mixed Asian

Please specify

Black or Mixed Black

Please specify

Other Ethnic Category

Please specify

I do not wish to divulge details of my ethnic group

Carers

Do you regularly provide care to a relative, friend or neighbour enabling them to live at home?

Yes No

Do you have someone who regularly cares for you to enable you to live at home?"

Yes No

If **YES**, are they:

Paid carer

Relative

Friend / neighbour?:

Carers name:

Carers telephone No:

Next of Kin

Next of Kin name:

Next of Kin contact No:

Summary Care Record (SCR) - Your emergency care summary.

As part of your registration you must also complete, sign and return to the practice the attached Summary Care Record patient consent form.

Online Services – To sign up / find out more visit our website or ask at reception

Online Services provides access to a secure web-based application that enables you to:

- **Manage Appointments** – You can make, cancel and view existing appointments online.
- **Manage Repeat Prescriptions** – You can view and order your repeat prescriptions online.
- **View Your Summary Record** - You can view your prescription history and allergy information online.

You will need to sign up and register for these services to use them and you must have access to the internet and have your own unique email address.

The sign up form and declaration is available from reception or can be downloaded from our web site at: www.thornhillsmmedical.nhs.uk

SMS Text Messaging - To opt out visit our website or ask at reception

It is practice policy that all patients are automatically opted in for receiving text messages from the practice on your mobile phone. We will not send any clinical or medical information by SMS text message and this service will only be used for the purposes of health promotion, practice news and for appointment reminders and invites. Text messages are generated using a secure facility but they are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified

New General Data Protection Regulations from May 2018 (GDPR)

Under the new general data protection regulations introduced from 25th May 2018, we will continue to contact patients via text messages regarding the delivery of care if they have not opted out. If practices are sending messages about recommended treatment for the management of a specific health issue, then this is defined as providing appropriate care for patients, not marketing purposes.

If you wish to opt-out of this service please complete an opt out form available at reception or via the website www.thornhillsmmedical.nhs.uk

Your Data, Privacy and the Law - To find out more visit our website or ask at reception

We respect your privacy and are committed to protecting your personal data. Our privacy notices will inform you how we look after your personal data and tell you about your privacy rights and how the law protects you. Our privacy notices are available from reception and via our website www.thornhillsmmedical.nhs.uk

National Data Opt-out Programme - To find out more visit our website or ask at reception

The national data opt-out is a new service that allows people to opt out of their confidential patient information being used for research and planning.

The NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England.

Unless you have chosen to opt out, your confidential patient information can be used for research and planning. This online service allows you to make or change your decision at any time. You can also download a form to manage a choice on behalf of another individual by proxy. For example, if you are a parent or guardian of a child under the age of 13. **To find out more visit:** nhs.uk/your-nhs-data-matters

Thank you for completing this form. Before signing below please carefully check that you have fully completed all relevant sections. Incomplete or unclear forms may delay your registration.

Signed: **Date:**