Brackley Medical Centre

Confidential

New Patient Questionnaire

Welcome to Brackley Medical Centre. Please help us by filling in this questionnaire, as it may take some time for your previous medical records to reach us. The information you give will be used to provide you with good medical care. **A urine specimen is required for your new patient medical.**

Personal details:

Mr/Mrs/Miss/Ms/Other (please specify): ……

First Name: …….. Surname: ……..

DOB: …….. NHS No: (**Must be supplied**): ……

Address: ……...
……...
…… Postcode: ……

Tel No: …… Mobile No: ……..

I consent to receiving appointment confirmations and cancellations via text and will update the surgery of any changes to my mobile number:

Signature……..

I do not consent to receiving appointment confirmations and cancellations via text:

Signature……..

EMAIL: ……

Out of area registrations only.

I am registering as an Out of area patient and wish to register with you under the patient choice status. I am aware that home visits will not be provided by the surgery I am registered with because I live outside the practice Boundary and if a home visit is required I should contact 111.
I understand that should my medical needs change in complexity or I have more than two home visits in a year, the appropriateness of my registration may be reviewed.

Signature…….

I would like to sign up to **SystmOnline**, the practice clinical system. *Password access and the password must be given to the patient only with proof of identity. Reception will generate the password.

Are you a military veteran? Yes/No

Are you a member of a Military family? Yes/No

Occupation (if under 16, please give parent's occupation/s): …….

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Do you have any disability?: ……
Do you have any special requirements e.g. Hearing aid/wheelchair access/partially sighted? : ……..

Do you care for a relative or friend?: YES/NO

Do you have a carer?: YES/NO
Carer's Name & Contact Details:

Next of Kin: …….

Do you consent to The Health & Social Care Information Centre extracting coded data from your personal records to support analysis and help to provide better care?

I CONSENT

I DO NOT CONSENT

Past Medical History

Please give details of any important illness, operation or pregnancies:

Month: ……. Year: ……. Details: ……
Month: ……. Year: ……. Details: ……
Month: ……. Year: ……. Details: ……
Month: ……. Year: ……. Details: ……
Month: ……. Year: ……. Details: ……

When was your blood pressure last checked?: ……

Lifestyle

Are you: a smoker ☐ If yes, how many a day ……..
an ex-smoker ☐ When did you stop smoking ……..
never smoked ☐
Do not wish to answer ☐

Alcohol

Questions	**Scoring system**					**Your Score**
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	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:	

How would you class your diet (healthy/average/low fat/low salt etc): ……..
……

Do you take regular exercise? Yes/No (If yes, please detail): ……

Family History

Have any close family members suffered from (please include approx. age at diagnosis or age at death):

Asthma: ……. High Cholesterol: ……
Diabetes: …… Cancer (please specify type): ……
Heart Trouble: …… Stroke: …….
High Blood Pressure: ……

Drugs & Treatment

If you are taking any drugs or treatment, please detail below:

Name of medicine ……. Strength ……. Dose/day ……
Name of medicine ……. Strength ……. Dose/day ……
Name of medicine ……. Strength ……. Dose/day ……
Name of medicine ……. Strength ……. Dose/day ……

Please advise which Pharmacy you would prefer to collect your prescriptions from:

Lowick **Boots** **Lark Rise**

Do any medicines disagree with you? **YES/NO** If yes, which ones? ……
……...

Do you have any allergies? **YES/NO** If yes, please detail ……....
……...

ADULTS: Have you had a course of tetanus injections/tetanus boosters in the last 10 years?
YES/NO If yes, please give date ……

Ethnic Group

☐ British
☐ Irish
☐ Any other White background
☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Bangladeshi
☐ Any other Asian background
☐ Caribbean
☐ African
☐ Any other Black background
☐ Chinese

☐ Any other mixed background ☐ Any other ethnic group
☐ Indian ☐ Pakistani
☐ Do not wish to answer

First Language Spoken

☐ English ☐ Bangali
☐ Cantonese ☐ Guajarati
☐ Hindi ☐ Mandarin
☐ Polish ☐ Punjabi
☐ Kurdish ☐ Turkish
☐ Afrikaans ☐ Pashtu
☐ Urdu ☐ French
☐ German ☐ Czech
☐ Spanish
☐ OTHER, please specify: ……..

FOR OFFICAL USE ONLY

TO BE COMPLETED IN NEW PATIENT MEDICAL APPOINTMENT

Weight: Breast/Testicular Aware: YES/NO

Height: Women – Contraception:

Urine Result:

Blood Pressure:

You MUST inform all patients of their accountable GP and code it in the template. In the first instance this will be the registering GP unless otherwise requested. The pt can change their mind at any time and the practice will do their best to accommodate their wishes. This does not provide exclusive access to that GP and other GPs may need to be consulted.

Chronic Disease:

Please advise patient to come in for the following appointments and also task the Admin Team the patient's details:

Chronic Disease	**Appointments Needed**	**Task Admin (Anna)**
Asthma	15 mins with Nurse	
CHD	Fasting Bloods then 1 week later 15 mins with Nurse	
CKD	Fasting Bloods then 1 week later 15 mins with Nurse	
COPD	30 mins with Nurse	
Dementia	10 mins with GP	
Diabetes	Fasting bloods then 30 mins with Nurse	
Epilepsy	10 mins with GP	

Hypertension	Fasting Bloods then 1 week later 15 mins with Nurse	
Hypothyroidism	BT for TSH	
Mental Health	20 mins with nurse to include a fasting blood test and Lithium blood test Immediately followed by 10 mins with GP	
Rheumatoid Arthritis	10 mins with GP	
Stroke/TIA	Fasting Bloods then 1 week later 15 mins with Nurse	

Please note:

If the patient has multiple conditions e.g. Asthma & Diabetes or Asthma, COPD & Hypertension the appointment duration MUST allow for 15 mins per domain - 30 mins for Diabetes (up to a maximum appointment length of 60 minutes) with the relevant bloods beforehand.