

NEW PATIENT QUESTIONNAIRE
THIS FORM IS KEPT AS PART OF YOUR MEDICAL RECORD

PERSONAL DETAILS

form)

Last name

First name

Home Telephone number

Date of Birth

Next of kin: (fill in attached

Carer: (name address and tel.)

Work/Mobile Tel.

e-mail address

Are you happy for us to contact you by email or text message Yes/No

YOU CAN BOOK YOUR APPOINTMENT AND ORDER YOUR REPEAT PRESCRIPTIONS ONLINE PLEASE ASK RECEPTION FOR DETAILS IF YOU DON'T NEED YOUR APPOINTMENT PLEASE CANCEL ON TIME

MEDICAL HISTORY

Is there anything about your medical history you would like the GP to know urgently before your notes arrive into the practice:

FAMILY HISTORY

Please name any close relatives who have had:

	Relative	Age of onset
Diabetes		
High blood pressure		
Stroke		
Angina or heart attack		
Other, e.g. cancer, mental illness		

REGULAR MEDICATION

Please list any current medication:

ALLERGIES

Please list any allergies especially to any medicines:

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LIFESTYLE

Do you smoke?	Yes/No
How many a day do you smoke? (cigarette/cigar/pipe)	
Have you considered giving up smoking?	Yes/No
If you are not a current smoker have you ever smoked?	Yes/No
When did you give up?	

How many units of alcohol do you drink per week on average? (1 unit = 1/2 pint of beer or lager 1 short or 1 glass of wine) units
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Exercise - what is your exercise rating per week?	Tick
None	
Light	
Aerobic (ie strenuous for at least 30mins) 1/per week	
Aerobic 2/week	
Aerobic 3/week	
Other <i>Please Specify</i>	
Occupation	

What is your height/weight?

Height?	
Weight?	

Carer

Are you a Carer Yes No

If yes who do you care for :

Communication

Please tell us if you need information in a different format or communication support such as an interpreter.

I need the following:

Patient on –line services

You can now book /Cancel appointments on line

You can request medication on line **(which require photo ID and proof of address)**

You can view you medical record on line **(which require photo ID and proof of address)**

When you register with the practice you will be automatically registered for on line appointment booking-If you **do not** want to registered for any of these services please tick box

Email and telephone numbers

We are now using email and texting services to communicate with our patients.
When you register with the practice you will be automatically registered for these services when you provide us with your email and telephone numbers-If you do not want to be registered for these services please tick box

YOUR PATIENT RECORD

Your patient record is available for you to be seen by signing up to patient on line access, if however you require a paper copy of any part of your medical notes these can be provided to you free of charge, this could take up to 30 days depending on the size of your records-but we do encourage you to view records on line.
The practice may need to share your record with other health care professionals for the sole purpose of continued care for you as the patient if you do not want to share your record you must complete the summary care record form.
We may also use your anonymised data for clinical audits if you do not wish to be part of any clinical audit please tick box

If for any reason you move out of the practice catchment area the practice will allow 6 months for you to find another GP more local to you.

Please sign here (_____) and tick each box to confirm you have read:

- The practice leaflet including zero tolerance**
- The practice complaints procedure**
- How we use your information**
- Summary care record form**
- Patient on line access form (which require photo ID and proof of address)**

We thank you for your patience in completing this form.

Further information about the practice can be obtained from

<http://www.lhgp.org.uk>

www.nhs.uk

<https://www.facebook.com/LavenderHillGP/>

FOR WOMEN:**CERVICAL SMEAR INFORMATION**

You should have a smear if you are between the ages of 25 & 64.

Have you had a smear?	Yes/No	
When was your last smear done?	Month/	Year/
What was the result?	Normal	
	Other, please describe:	
Where did you have your last smear?	GP Surgery Other	
If your Smear was done outside the NHS you must bring in the paper copy of result or you will be called in to have another as part of the routine NHS smear recall system		

CONTRACEPTION

What do you use for contraception?	Tick
Advice required	
Combined pill	
Progesterone only pill	
Condom	
Intrauterine device/coil	
Depot Injection	
Diaphragm/Cap	
Sterilised	
Had Hysterectomy	
Contraception Not required	