

# BALANCE STREET PRACTICE NEW PATIENT QUESTIONNAIRE



<b>PERSONAL DETAILS</b>		
<b>Full Name:</b>	<b>Date of Birth:</b>	
<b>Full Address:</b>	<b>Home Number:</b>	
	<b>Mobile Number:</b>	
	Would you like to receive text alerts for appointment reminders? <b>YES / NO</b>	
	<b>Work Number:</b>	
	<b>E-mail:</b>	
<b>Postcode:</b>	Can we contact you by e-mail: <b>YES / NO</b>	
<b>Town &amp; Country of Birth:</b>	This information will not be passed to any third party	
	<b>Occupation:</b>	
<b>Ethnicity:(Please circle)</b> British / Mixed British / Irish / White & Black Caribbean / White & Black Asian / White & Black African / Indian or British Indian / Pakistani or British Pakistani / Caribbean / African / Chinese / Other White Background / Other Mixed Background / Other Black Background / If none of the above then please specify.....		
<b>First language spoken</b> .....		
Have you previously lived in the Utttoxeter area?	<b>YES / NO</b>	
If <b>YES</b> , which Doctor were your registered with?		
Are other members of your family already registered at this Practice or other Practices in the area? Please specify Doctor name & Practice.	<b>YES / NO</b> If <b>YES</b> , please provide details:	
<b>Do you look after someone?</b>	<b>YES / NO</b> If <b>YES</b> , are they a patient at this practice? <b>YES / NO</b>	
<b>Does someone look after you?</b>	<b>YES / NO</b> If <b>YES</b> , please give name of carer	
<b>LIFESTYLE</b>		
<b>Smoking Status:</b> Please tick which statement applies		
<b>Current Smoker</b> <input type="checkbox"/>	<b>Never Smoked</b> <input type="checkbox"/>	<b>Ex-smoker</b> <input type="checkbox"/>
(approx per day.....)		(Approx length of time.....)
<b>Please note that smoking is bad for your health. Please ask at Reception for smoking cessation information to assist you to give up</b>		
<b>How much exercise do you do?</b>		
<b>None</b> <input type="checkbox"/>	<b>Light</b> <input type="checkbox"/>	<b>Moderate</b> <input type="checkbox"/>
		<b>Heavy</b> <input type="checkbox"/>
<b>Height:</b>	<b>Weight:</b>	<b>BMI:</b>
<b>Blood Pressure:</b>	<b>Pulse:</b>	<b>Last Smear:</b>

**PLEASE TURN OVER TO COMPLETE THE QUESTIONNAIRE**

**ALLERGIES**

Please list below any allergies that you have:

**MEDICAL HISTORY**

Please provide details of your medical conditions and/or operations performed

**MEDICATION**

Please list any medication you are currently taking (including contraceptives). Alternatively if you have a repeat medication slip from your previous GP, we can take a photocopy of this. We are able to dispense medication from our Surgery Dispensary to Patients who live more than a mile away.

**FAMILY HISTORY**

Please circle if any Family member has or has had any of the following:

Heart Attack	Mother / Father / Grandparent / Sibling
Angina	Mother / Father / Grandparent / Sibling
Raised Blood Pressure	Mother / Father / Grandparent / Sibling
Raised Cholesterol	Mother / Father / Grandparent / Sibling
Diabetes	Mother / Father / Grandparent / Sibling
Asthma	Mother / Father / Grandparent / Sibling
Stroke	Mother / Father / Grandparent / Sibling
Breast Cancer	Mother / Father / Grandparent / Sibling
Bowel Cancer	Mother / Father / Grandparent / Sibling
Ovarian Cancer	Mother / Father / Grandparent / Sibling
Blood Clots (DVT/PE)	Mother / Father / Grandparent / Sibling

**NHS Summary Care Records** have been introduced to improve the safety and quality of patient care. They are an electronic record of your allergies, medication and any adverse reactions. For further information, please see enclosed letter.

**THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE. PLEASE ASK AT RECEPTION FOR A COPY OF OUR PRACTICE LEAFLET AND PATIENT CHARTER, THESE WILL EXPLAIN FURTHER THE SERVICES THAT WE OFFER HERE AT BALANCE STREET PRACTICE**

**Official Use**

**Checked by..... Date.....**

**Entered by..... Date.....**



### Your emergency care summary

#### Letter for new patients: important information about your Summary Care Record

Dear patient,

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

#### You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes, I would like a Summary Care Record.** If you want a record you do not need to do anything further, one will be created for you when you register with your GP practice. If you opted out of having a record in the past but have now changed your mind, speak to your GP practice and they can create one for you.

- **No, I do not want a Summary Care Record.** If you do not want a record, you need to fill in the Summary Care Record opt out form and hand it in to your GP practice. You should do this even if you have already completed a form at your previous practice. Opt out forms are available from your GP practice or you can print one here - <http://systems.hscic.gov.uk/scr/library/optout.pdf> and you are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, call the Health and Social Care Information Centre on 0300 303 5678 or visit <http://systems.hscic.gov.uk/scr/patients>

Yours sincerely

Tony Bruce  
Chief Accountable Officer  
East Staffordshire CCG

Dr Charles Pidsley  
Clinical Chairman  
East Staffordshire CCG