New Patient Questionnaire

Please complete in BLOCK CAPITALS and tick boxes as appropriate. Please make sure you have photo ID and proof of address with you when registering. If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

Full name:	**Date of Birth:** / /
Address:	**Signature:**
Telephone number:	**Acceptable method of contact;** Yes ☐ No ☐
Mobile number:	Yes ☐ No ☐ **Text** / SMS: Yes ☐ No ☐
Work number:	Yes ☐ No ☐
Email:	Yes ☐ No ☐
Next of Kin:	**Relationship:**
Address:	**Contact telephone number:**

Employment status:

Employed ☐ Unemployed ☐ Self Employed ☐ Retired ☐ Other ☐

What is your ethnic group?

White British ☐	Other White background ☐	White and Black Caribbean ☐
White and Black African ☐	Indian or British Indian ☐	Chinese ☐
White and Asian ☐	Pakistani or British Pakistani ☐	
Other Asian Background ☐	Bangladeshi or British Bangladeshi ☐	
Ethnicity unknown ☐	Ethnic category not stated ☐	. . . . .

Height: **Weight:**

Blood Pressure:

New Patient Questionnaire

Smoking status:

Current smoker Yes ☐ No ☐ If Yes, how many per day?……

Ex-Smoker Yes ☐ Non-Smoker ☐

Please see reception for information on stop smoking support services.

Do you suffer from any of the following:

Diabetes ☐ High Cholesterol ☐ Any Heart Problems ☐

Epilepsy ☐ High Blood Pressure ☐ Chronic Kidney Disease ☐

Under Active Thyroid ☐ Asthma / Respiratory Disease ☐

If any of the above is ticked in this section please give a few details.

Do you Have any Allergies?

Please give details of any current medication you are taking.

Who is your usual pharmacy, name & address?

Electronic delivery of Prescriptions to your pharmacy? Yes ☐ No ☐

New Patient Questionnaire

What is the name & address of your previous doctor's surgery?

What is the reason for registering at the Crescent Surgery?

Are you a Carer? Yes ☐ No ☐

If yes, please could you provide further details below for who you care.

Name: Address:

Information is available for support services, contact reception.

Patient Participation Group

The Practice is committed to improving the services we provide to our patients. To do this, it is important that we hear from patients about their experiences, views and ideas for making services better. The patient participation group gives you the opportunity to do this. If you are interested in getting involved please tick the box and we will contact you. ☐

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

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

☐ **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

☐ **No I do not want a Summary Care Record – Please ask reception for a form.**

SystmOnLine is our web portal for registered patients (age 18 and over only), here you can;

Book Appointments Order Repeat Prescriptions

View your Medical records Manage their Hospital referral documentation

Please register me for SystmOnLine: Yes ☐ No ☐

Photo ID is required unless returning this form in person to a doctor

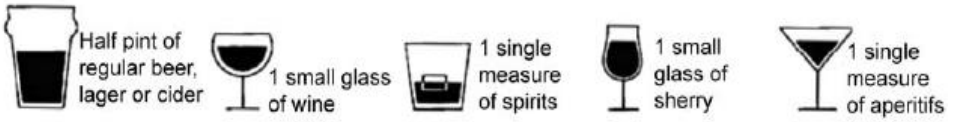
Crescent Surgery

New Patient Questionnaire

Name:

DOB:

FAST scoring key

One drink = 

For the following questions please circle the answer which best applies:

MEN: How often do you have 8 or more drinks on one occasion? Women: How often do you have 6 or more drinks on one occasion?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 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?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily

How often during the last year have you failed to do what was normally expected of you because of drinking?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 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?		
0 Never	2 Yes, on one occasion	4 Yes, on more than one occasion