New Patient Questionnaire

THE TAVERHAM PARTNERSHIP
Taverham Surgery
Sandy Lane
Taverham
Norwich
NR8 6JR
Tel: 01603 867481
Fax: 01603 264781

Please complete as many questions as you can, sign, date and return to the Surgery.

This information is very important in our effort to provide you with good medical care. It will be kept in the Practice with your medical notes and is entirely confidential.

Full Name

Date of Birth DD/MM/YYYY

Address (including post code)

Telephone

Email

Mobile

SMS Mobile Messaging – The practice currently sends SMS messages free of charge (although your provider may levy a charge for receiving these). To opt out of receiving messages please tick here ☐

Please tell us what communication requirements you have (eg. braile, large print, etc)

Next of Kin (Name and Contact number)

MARITAL STATUS: Single/Married/Widowed/Divorced/Separated/Co-habiting (please delete as appropriate)

OCCUPATION: (Some illnesses may be linked to occupation)

ARE YOU A CARER? YES☐ NO☐

MEDICAL HISTORY

Please give dates of any serious illness, operations or accidents you may have suffered:

Please give details of any medicines you take regularly or may have taken regularly in the past (Please bring your re-order prescription list with this form):

Are you allergic to any drugs or any other products? If so, which?

FAMILY HISTORY

Please give details of any problem your parents, brothers, sisters may have, If they have died, the cause of death if known

LIFESTYLE

Do you take regular exercise? How often and what exercise?

Smoking Status: ☐smoker ☐ex-smoker ☐never smoked

If you are a smoker,

How many cigarettes a day do you smoke?

How many years have you smoked?

What is your average weekly alcohol intake in units?
(1 unit = ½ pint beer or 1 glass of wine or 1 measure o spirit)

Do you consider your diet generally to be a healthy one? ☐YES ☐NO

Do you have any special diet?

Please tick how you would describe your present state of health:

Excellent☐ Good☐ Fair☐ Poor☐

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	

IF YOUR SCORE IS OVER 5 PLEASE COMPLETE QUESTIONS BELOW IF UNDER 5 PLEASE CONTINUE QUESTIONNAIRE OVERLEAF

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	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 had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

ETHNIC ORIGIN – MONITORING ACCESS TO SERVICE

The Department of Health has requested that we collect ethnic data for the planning of health needs throughout the Country. Completion of the following section is optional. All information provided would be treated as confidential.

Please tick the appropriate category:

White British	
White Irish	
Any other white background	
Mixed White & Black Caribbean	
White & Black African	
White & Asian	
Any other mixed background	
Indian	
Pakistani	
Bangladeshi	
Any other Asian Background	
Caribbean	
African	
Any other Black background	
Chinese	
Not stated	

Is your first language English ? YES☐ NO☐

If NO Please state

FOR WOMEN ONLY

Please give details of any pregnancies:

Date of last Cervical Smear test and result if known

Do you take a contraceptive pill if so which one?

Have you been fitted with a contraceptive coil or Implant? YES☐ NO☐

Please provide date and type

Summary Care Records (your emergency care summary)
There is a new Central NHS Computer System called the Summary Care Record (SCR). It is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions

Why do I need a Summary Care Record?
Storing information in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.
This information could make a difference to how a doctor decides to care for you, for example which medicines they choose to prescribe for you.

Who can see it?
Only healthcare staff involved in your care can see your Summary Care Record.
We will automatically upload you summary care record. If you wish to opt out please tick here ☐

More Information
For further information visit the NHS Care records website or the HSCIC Website

Sharing Preferences

If you are filling out this form on behalf of another person or a child, provide your details here

Your name……Your signature……

Relationship to patient……..Date……...

Sharing out from this service	Please tick
YES I would like to make information recorded at this service sharable to other services caring for me	
NO I would not like to make information recorded at this service sharable to others caring for me	
Sharing in to this service	Please tick
YES I would like this service to be able to view information recorded at other services caring for me that I have made sharable	
NO I would not like this service to be able to view information recorded at other services caring for me that I have made sharable	

I have read and understood the leaflet ***'Your electronic patient record and sharing of information'***
Please Note:

- Information is recorded about you at each service where you receive care and treatment.
- All information recorded about you is done so with the strictest of confidence and that any access to your electronic record is fully auditable.
- NHS staff can only access shared information if you are receiving care from them.
- Staff access is controlled with a Smart Card using 'chip and pin' security.
- You can request certain items to be marked as 'private' and these items will not be shared.
- Sharing in this way is only available where services use the same computer system.
- There is a difference between a Summary Care Record, which only holds limited information about you but can be viewed by any Urgent/Emergency NHS service where you need to be seen anywhere in the country using any IT system, your Detailed Care Record, which holds all information recorded about you can only be viewed by services that use the same computer system where you are receiving care.

I confirm the above information is correct to the best knowledge:

Name: …….. Date of Birth: ……..

Signed:…… Date:……