

BRANNAM MEDICAL CENTRE - NEW PATIENT QUESTIONNAIRE

These questions are designed to help us offer you the best possible health care. The information you give will, of course, be treated confidentially. You are responsible for informing us of any changes in your contact details.

NAME		D.O.B	
TEL NO.		MOBILE NO.	
EMAIL			

What is your preferred method of contact? Would you like to receive appointment reminders, vaccination invitations and chronic disease reminders via SMS text and or voicemail? Would you like to book appointments and order medication via SystemOnline?	Home Telephone <input type="checkbox"/> Mobile Telephone <input type="checkbox"/> Email <input type="checkbox"/> No preference <input type="checkbox"/> YES / NO YES / NO
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Do you live alone?	YES / NO
Number of co-habitants	

NEXT OF KIN / EMERGENCY CONTACT			
Name		Relationship	
Address		Telephone no.	
		Key holder	

Please indicate your nationality/ethnicity	
Please indicate your first language	

What is your occupation?	
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A **carer** is someone who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

A **young carer** is someone under 18 years of age who provides the support outlined above.

A **military veteran** is defined as 'someone who has served at least one day in the UK Armed Forces'.

If you are a carer or military veteran please tick the relevant box below and we will add this to your record.

Are you a military veteran?	YES / NO
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Are you a carer?	YES / NO	If yes, who do you care for?	
Do you wish to be included on the carer's list?			YES / NO

FAMILY HISTORY – Have any of your relatives had:			
Heart disease	YES / NO	Stroke	YES / NO
Asthma	YES / NO	Diabetes	YES / NO
High blood pressure	YES / NO	Other (please give details)	YES / NO

Have any of your relatives had a heart attack or stroke before the age of 60?	YES / NO
If yes, please give details:	

Are you ALLERGIC to any drugs / substances?	YES / NO
Please give details	

MEDICATION – Are you taking any prescribed medication?	YES / NO
Please nominate which pharmacy you wish to have your prescription sent electronically to: i.e Boots High Street	
Please bring your <u>repeat prescription</u> details to the surgery.	

ALCOHOL - Please tick only one answer from each question

1) How often do you have a drink that contains alcohol?	Never	(0)	2) How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	(0)
	4+ times per month	(3)		3 - 4	(1)
	Monthly or less	(1)		5 - 6	(2)
	4+ times per week	(4)		7 - 8	(3)
	2-4 times per month	(2)		10 +	(4)
3) How often do you have 6 or more standard drinks on one occasion?	Never	(0)	4) How many units of alcohol do you consume per week?	<small>1 unit = 1 single shot 2 units = 1 pint of lower strength (above 3.6%) larger/beer/cider 2 units = standard (175ml) glass of wine 3 units = 1 pint of higher strength (above 5.2%) larger/beer/cider 3 units = large (250ml) glass of wine</small>	
	Weekly	(3)			
	Less than monthly	(1)			
	Daily or almost daily	(4)			
	Monthly	(2)			

Do you SMOKE ?	Never smoked		Stopped when? Cigarettes per week?	
	Ex-smoker			
	Current smoker			
Would you like help to stop smoking?	YES / NO	If yes, please ask the receptionist for details.		

HEALTH SCREENING			
Weight		Height	

What sort of EXERCISE do you take each week?	Physically impossible	
	None	
	Light	
	Moderate	
	Heavy	
	Competitive athlete	

Do you consider your DIET to be	Poor	
	Average	
	Good	

Would you like us to book you in for a NEW PATIENT APPOINTMENT/HEALTHCHECK	YES / NO
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YOUR MEDICAL RECORD – PATIENT CONSENT

SUMMARY CARE RECORD

Due to COVID-19, all patients will have Enhanced Summary Care Record. (Please see attached information).

If you would like to discuss your Summary Care Record status further, please speak to the Patient Service Manager.

LOCAL SHARED RECORD

Do you wish to opt out of Brannam Medical Centre sharing your medical record with other health organisations in the local area? (Please see attached information)

Yes, I opt out	Signed		Date	
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From May 25, 2018, the new mutually agreed European General Data Protection Regulation (GDPR) came into force. Strict rules mean companies will not be allowed to collect and use personal information without the person's consent. For more information on our privacy notices and what we do with your information please visit our website www.brannammedicalcentre.co.uk

Thank you for completing this form

**BRANNAM MEDICAL CENTRE NEEDS YOUR VIEWS!!!!
WOULD YOU LIKE TO HAVE A SAY ABOUT THE SERVICES
PROVIDED HERE?**

Yes No

If yes, please add your email address below to join our patient forum.

We'll contact you every now and again to ask you for your opinions & suggestions.

Name:

Email address:
