New Patient Health Questionnaire

Courtside Surgery
Kennedy Way
Yate
Bristol
BS37 4DQ
Tel: 01454 313874

Patient's details

Title		Surname	
Date of Birth		First Names	

Home Address	Home Tel	
	Mobile Tel	
Postcode	Email (optional)	By giving us an email address you are agreeing that we can send emails to it which may contain information from your medical record.

What is your first language?	
Do you require an interpreter?	

Previous Address
Previous GP

Ethnic Group

White	☐ British	☐Irish	☐Other (please specify)	
Black	☐Caribbean	☐African	☐Other (please specify)	
Asian	☐Indian	☐Pakistani	☐Chinese	☐Other (please specify)
Mixed	☐ White + Black Caribbean ☐ Other (please specify)		☐White + Black African	☐White + Asian

Religion

☐ Christianity (All denominations) ☐ Islam ☐ Judaism ☐ Sikhism ☐ Hinduism ☐ Buddhism
☐ None ☐ Other (please specify)

If you ever need any prescriptions which pharmacy would you like us to send them to?

I would like to collect my medication from:
Boots, Yate ☐ Boots Westgate ☐ Shaunaks, Courtside ☐ Lloyds Chipping Sodbury ☐
Tesco, Yate ☐ Abbotswood ☐ North Yate Pharmacy ☐ Yate Family Pharmacy ☐
Boots delivery service ☐
Other (please give details)
None, I will collect my paper prescription from the surgery ☐

Medical Information

Please list any serious illnesses/operations/accidents/disabilities (and for women any pregnancy related problems) and the year they took place
Have you ever suffered from? (tick as appropriate)

Epilepsy		Blindness/Glaucoma	
High Blood Pressure		Diabetes	
Heart Attack/Stroke		Depression	
Cancer		Asthma	
Eczema/Hay Fever		COPD	

Please list any medication currently being taken and the amount:
Are you allergic to any medicines and if so, which?
Do you regularly use any drugs, supplements or medicines that have not been prescribed by a doctor? Please give details below:

Immunisation History

Please give the dates you last had the following immunisations:

Tetanus	Diptheria	Whooping Cough
Polio	Meningitis	Measles
Mumps	Rubella	BCG

For Children:
Ist vaccinations: Diptheria/Tetanus/Whooping Cough/Polio/HIB/MMR/Meningitis
Pre-school booster (Diptheria/Tetanus and MMR)
Age 15 boosters:
HPV (for girls)
ACWY

Additional Information

Carers

Do you have a carer? (If yes please give details)

Are you a carer? (If yes please give details)

Will

Do you hold a Living Will?

(A Living Will is documentation regarding your personal wishes in respect of medical intervention at the time of serious illness)

Smoking

Do you smoke?

If 'No', have you ever smoked?

If you do currently smoke, how many cigarettes or ounces of tobacco do you smoke per week?

Would you like advice on giving up smoking?

Alcohol

How many alcoholic drinks do you consume in the average week?

1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

MEN: How often do you have EIGHT or more drinks on one occasion?
☐Never ☐Less than monthly ☐Monthly ☐Weekly ☐Daily

WOMEN: How often do you have SIX or more drinks on one occasion?
☐Never ☐Less than monthly ☐Monthly ☐Weekly ☐Daily

MEN and WOMEN

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

How often during the last year have you failed to do what was normally expected of you because of drinking?
☐Never ☐Less than monthly ☐Monthly ☐Weekly ☐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?
☐Never ☐Less than monthly ☐Monthly ☐Weekly ☐Daily

Height and Weight

What is Your Height? **What is Your Weight?**

Do you want weight management advice? ☐ **Yes** ☐ **No**

Additional Needs

Are you registered disabled? (If yes, please give details)

Do you have any communication/information needs relating to a disability, impairment or sensory loss? (If yes, please give details)

For Women only

Have you ever had a cervical smear?

Date of last smear? **Result of last smear?**

Do you currently have a pessary fitted? **Date fitted?**

Do you use a form of hormonal contraception?(Please specify type of pill, implant etc)

Do you use a coil? **Date fitted?**

Family History

Please state any serious illness, in particular heart disease, strokes, high blood pressure diabetes or any inherited disease

For Patients aged 65 and over

Please give name, address and telephone number of next of kin

For patients aged 65 and over or those with a chronic disease (e.g. asthma or diabetes)

Have you had a flu vaccination? Enter date or 'never':	
Have you had a pneumococcal vaccination? Enter date or 'never'	

National Data Opt out

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments. In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. You can choose whether your confidential patient information is used for research and planning. To find out more visit: www.nhs.uk/your-nhs-data-matters

MAKE YOUR CHOICE AT: www.nhs.uk/your-nhs-data-matters/manage-your-choice/

Summary Care Record

Courtside Surgery participates in the national Summary Care Record. This means that clinical information held by us about your medication and allergies will be available to other NHS staff involved in your care outside of the surgery. Please tick the box below to let us know whether you want a Summary Care Record. Further information about Summary Care Records is available online at www.nhs.uk . You can change your mind at any time, just let us know.

☐ **I wish information about my medication and allergies to be uploaded to the Summary Care Record**

☐ **I DO NOT wish information about my medication and allergies to be uploaded to the Summary Care Record**

Connecting Care record

This is a local system (Bristol) that will enable hospital and out of hours clinicians to be able to view key information from your record.

☐ **I wish key information about my medical history, medication and allergies to be uploaded to a Connecting Care record.**

☐ **I DO NOT wish information about my medication and allergies to be uploaded to a Connecting Care record.**

Signature	Date

You will be allocated a named GP who will have overall responsibility for your care at Courtside. You are able to see any of our GPs but if you want to know who your allocated named GP is please ask at reception after your registration has been processed.

We also offer all our new patients a health check appointment with the nurse which includes a blood pressure check and urine analysis. Please book your appointment at Reception. Sample bottles for the urine tests are available.