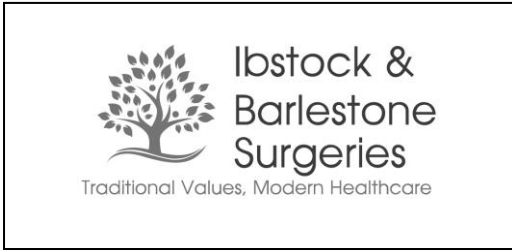


New Patient Registration Questionnaire (Adult)



Ibstock & Barlestone Surgeries
132 High Street
Ibstock
Leicestershire
LE67 6JP

Email: ibstockhouse@nhs.net

Website: www.ibstockhousesurgery.nhs.uk

Thank you for applying to join Ibstock & Barlestone Surgeries. We would like to gather some information about you and ask that you fill in the following questionnaire. You don't have to supply answers to all of the questions but what you do fill in will help us give you the best possible care.

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form.

Fields marked with an asterix (*) are mandatory

*Title:	*Surname:
*Any previous surname(s) (if applicable):	
* <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Town and country of birth:	
*Home telephone No.:	
Work telephone No.:	
*Mobile No. (if you have one):	

*First names:
*Date of Birth:
*NHS No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Home address & Postcode:
*Previous address & Postcode:
Email address:

Communication Preferences

*Do you consent to receive the following types of communication from Ibstock & Barlestone Surgeries?	
Email	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone text messages	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answering machine messages	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your preferred method of contact? Please circle one: SMS / Email / Letter	

Additional details about you

Main spoken language (E.g. English):	Do you require the help of a translator/Interpreter? Yes / No
What is your ethnic group?	
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White (please specify):
Black	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black (please specify):
Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (please specify):
Mixed	<input type="checkbox"/> White + Black Caribbean <input type="checkbox"/> White + African <input type="checkbox"/> White + Asian <input type="checkbox"/> Other mixed:
Occupation:	
Marital Status:	

Next Of Kin

1

Name: Relationship to you:
Telephone No. Address (if different to yours)

2

Name: Relationship to you:
Telephone No. Address (if different to yours)

Do you have a named Social Worker? Yes No

If yes please provide the following information:

Name: Contact details:

Carers Information

A carer is a friend / family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance (but not a wage) and the care they are giving will significantly affect their own life.

Are you looked after by someone whose support you could not manage without? Yes No

If yes, what is their name and contact number?

Do you consent for your carer to be informed about your medical care? Yes No

Do you look after or support someone who couldn't manage without you? Yes No

If yes, do you look after someone who is a patient of Ibstock & Barlestone Surgeries? Yes No Don't know

If yes, what is their name: Are they a Friend Relative Neighbour

Looked after Children

Are you looking after someone else's child? Yes No

If Yes, under what arrangements:

Section 20-Voluntary Care Interim Care Order Care Order Child arrangement order/Residence Order

Special Guardianship order Placed for adoption Private arrangement/Private Fostering/informal arrangement

(please note you have a duty to notify social care of this arrangement)

Armed Forces / Veterans

Are you currently a member of the Armed Forces? Yes No Please specify:

Are you a veteran? Yes No Please specify:

Information and Communication Needs

*Do you have any disabilities, illnesses or accessibility needs? I.e. needing to be seen in ground floor consulting rooms or use of a specific communication device such as a hearing aid? If yes, please tell us how we can support your needs:

The Accessible Information Standard (AIS)

Please use this space to tell us about any specific communication needs you have. I.e. needing information in large print or deafblind telephone contact. For further information please visit <https://www.england.nhs.uk/ourwork/accessibleinfo/>

Electronic Prescription Service (EPS)

EPS enables prescribers, such as GP's and Practice Nurses, to send prescriptions electronically to a Pharmacy of your choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

EPS may be particularly useful to patients who:

- Have a repeat prescription but don't want to collect it from the Practice every time.
- Have a regular pharmacy you collect from which may be closer to your home or workplace.

Please let us know your chosen nominated pharmacy if you wish to take advantage of this service:.....

Medical details

*Are you currently taking any prescribed medications? Yes No (if yes please specify)

If yes, please ensure you have 1 months' supply of medication from your current GP Practice before registering.

*Are you allergic to any medicines? Yes No (if yes please specify)

*List other allergies / intolerances (i.e. pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of) :

Have you ever had any of the following conditions?

Epilepsy	<input type="checkbox"/> Yes	Year
High Blood Pressure	<input type="checkbox"/> Yes	Year
Heart Attack / Angina	<input type="checkbox"/> Yes	Year
Stroke / Mini-Stroke (TIA)	<input type="checkbox"/> Yes	Year
Cancer	<input type="checkbox"/> Yes	Year
Rheumatoid Arthritis	<input type="checkbox"/> Yes	Year

Mental Illness (inc Depression)	<input type="checkbox"/> Yes	Year
Diabetes (type 1 or type 2)	<input type="checkbox"/> Yes	Year
Asthma	<input type="checkbox"/> Yes	Year
COPD (or Emphysema)	<input type="checkbox"/> Yes	Year
Osteoporosis / Bone Fractures	<input type="checkbox"/> Yes	Year
Peripheral Vascular Disease	<input type="checkbox"/> Yes	Year

Height	_____ Feet	_____ Inches
Weight	_____ Stone	_____ Pounds
Waist measurement	_____ Inches	

(for women only) Have you had a cervical smear?

Yes No (Please state where, when and the result if possible)

Do you have Family History of any of the following?

High Blood Pressure	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	<input type="checkbox"/> Yes	Who
Raised Cholesterol	<input type="checkbox"/> Yes	Who
Stroke / CVA	<input type="checkbox"/> Yes	Who
Asthma	<input type="checkbox"/> Yes	Who

DVT / Pulmonary Embolism	<input type="checkbox"/> Yes	Who
Breast Cancer	<input type="checkbox"/> Yes	Who
Any Cancer Specify type:	<input type="checkbox"/> Yes	Who
Thyroid disorder	<input type="checkbox"/> Yes	Who
Epilepsy	<input type="checkbox"/> Yes	Who
Osteoporosis	<input type="checkbox"/> Yes	Who

Please tell us about your smoking status

*Do you smoke? Yes No

If Yes, what do you primarily smoke:
Cigarettes / Cigar / Pipe / E-cigarette **(please circle)**

How many do you smoke a day?

If you are interested in stopping, you can contact the Stop Smoking Service "Quit5" on 0800 622 6968

Are you an ex-smoker Yes No

When did you quit?

How many did you used to smoke a day?












Exercise

Do you exercise regularly? Yes No If yes, what exercise do you take and how often:

Please tell us about your alcohol consumption

Questions (please circle your answers in the boxes below)	Unit scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times Per month	2 - 4 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

Depending on your answers above you may be asked to complete an additional alcohol questionnaire.

1 UNIT	1.5 UNITS	2 UNITS	3 UNITS	9 UNITS	30 UNITS	
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Medium glass of wine (175ml) 12.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%	 Large glass of wine (250ml) 12.5%			

Alcohol screening (AUDIT-C)

- Please tick this box if you **do not** wish to complete this questionnaire.
- You may be contacted by a member of the clinical team to discuss your results, please tick this box if you do not wish to be contacted.

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	

Data Sharing

*Electronic Data Sharing Module (EDSM)

Healthcare places can usually share information from your records by letter, email, or phone but this can slow down your treatment or mean information is hard to access. However you can choose to share your record electronically between care services. **For more information please visit our website at www.ibstockhousesurgery.nhs.uk**

Tick this box if you wish to opt-in to the EDSM

Tick this box if you wish to opt-out to the EDSM

*Summary Care Record (SCR)

The Summary Care Record is a 'short summary' of your GP medical record which includes:

- medications;
- allergies;
- adverse reactions.

As well as at your GP Practice, the Summary Care Record can be used by other NHS organisations such as A&E, Out of Hours / NHS 111 and Pharmacies.

Due to these organisations not having access to your full GP medical record, being able to view your SCR may enable them to treat you more efficiently.

Other NHS organisations will ask for your consent before viewing your SCR. In an emergency, if you are unable to provide consent, for example if you were unconscious, your SCR can still be viewed but only by health and care staff with the right levels of security clearance, so your information is secure.

You can also consent to including 'additional information' into your SCR which includes:

- diagnoses;
- current problems and issues;
- vaccinations;
- consent and personal preferences;
- details of your care professionals / carers;
- care plan events;
- social and personal circumstances.

If you do not have a Summary Care Records NHS health and care staff caring for you may not be aware of your medications, allergies and adverse reactions in order to treat you safely.

More information can be found by visiting www.nhscarerecords.nhs.uk

Tick this box if you wish to opt-in to the Core SCR

Tick this box if you wish to opt-in to the Core an Additional SCR

Tick this box if you wish to opt-out of the SCR

Your Name Accountable GP

Under the terms of the latest GP Contract, all patients must have a Named Accountable GP.

Having a Named Accountable GP does not prevent you from seeing any other GP in the Practice. If your Named Accountable GP is unavailable and you require urgent medical attention you may need to discuss this with another GP. Please note that your medical records are available to all the GPs in the practice.

Should you wish to change your Named Accountable GP; the Practice will make reasonable efforts to accommodate this request.

Your Named Accountable GP is:

Dr S Johri

Dr C Luke

Dr F Houghton

Dr R Sil

Patient Participation Group (PPG)

The Practice is committed to improving the services we provide to our patients. It is vital that we hear from patients to understand their views, ideas and learn from previous experiences. This enables us to review current processes and where possible implement change to improve patient care.

Should you wish to become involved in the PPG, you would be helping us to plan the future of the Practice and be informed of opportunities to give your views and keep up to date with developments within the Practice.

Would you like to become a member of the PPG? Yes No

If yes, we will send you a welcome letter, informing you the date of the next PPG meeting.

Would you like to receive this invitation by: Email SMS Post

Online Services

Benefits of online services:

- Online services are available 24/7
- It could save you a trip or phone call to the surgery

What can be done via online services:

- Prebook appointments – no waiting to get through on the phone
- Order prescriptions and check the status of your request(s)
- Check your symptoms
- See parts of your medical records – including vaccinations, diagnoses and test results
- Send secure messages to the practice – if your query is not urgent, you can send a secure message instead of telephoning the practice
- Cancel appointments easily without the need to telephone the surgery

How to register for online services:

- Download the NHSapp.
If you have access to the internet and have a smart phone or device, you can download the NHSapp and register yourself for online services from home, removing the need to visit the practice. The NHSapp can be downloaded from App Store and Google Play.
- If you do not have a smart phone or device but do have access to the internet, the practice can register you for SystemOnline. Please note in order for us to register you, we will need to verify your ID. This usually requires a visit to the surgery from you with photographic ID. For more information and an application form, please visit the practice website or contact reception.

Please record any additional information about you that you think is important for us to know on a separate sheet of paper and attached to this questionnaire form.

***Signed**

***Date**

/ / /

Signed on behalf of patient *(if applicable)*
(e.g. for adults lacking capacity)