MOSSLEY & DUDLEY FIELDS MEDICAL PRACTICE NEW PATIENT QUESTIONNAIRE
Age 14 or over

All information will be treated as confidential. We ask you to **FULLY** complete this questionnaire to ensure we have accurate details about your medical health should you require treatment prior to your records arriving from you old Doctor.

PLEASE RETURN COMPLETED FORMS TO RECEPTION BETWEEN 2PM & 4PM

Surname	
Forenames	Address
Telephone number(s) Mobile number: Email:	Postcode
Date of Birth	
Place of Birth	
Occupation:	NHS number

Would you be happy to be contacted via email? Yes / No

PREVIOUS GP: Please state name and address

NEXT OF KIN: Please state name, relationship, address and telephone /mobile number

CARER: If you have a carer please state name, address and telephone number

MEDICAL HISTORY: Please list any serious illnesses, operations, accidents, disabilities (eg deafness, partially sighted etc.) with dates.

MEDICATION: Please list the names of all medications taken (including contraceptive pill)

ALLERGIES: Please list all known allergies to medications (eg penicillin)

Height:	Weight:

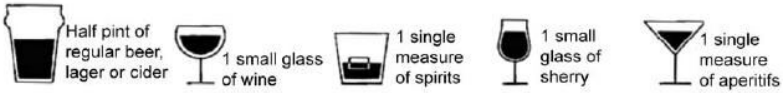
PTO

SMOKING STATUS: Please tick relevant box(s) (eg☑) and insert quantity.

☐ I have never smoked
☐ Cigarette smoker …… / day
☐ Pipe smoker …….oz/week
☐ Cigar smoker ……../day
☐ I would / would not like help to stop smoking. (please delete as appropriate)
☐ I currently do not smoke. I stopped …… years ago

ALCOHOL

This is one unit of alcohol…



…and each of these is more than one unit

How many units do you drink per Week ……..

How often do you have a drink that contains alcohol?

☐[0] Never ☐[1] Monthly or less ☐[2] 2- 4 times per month ☐[3] 2-3 times per week ☐[4] 4+ time per week

How many standard alcoholic drinks do you have on a typical day when you are drinking?

☐[0] 1-2 ☐[1] 3-4 ☐[2] 5-6 ☐[3] 7-8 ☐[4] 10+

How often do you have 6 or more standard alcoholic drinks on one occasion?

☐[0] Never ☐[1] Less than monthly ☐[2] Monthly ☐[3] Weekly ☐[4] Daily or almost daily

EXERCISE ACTIVITY: Moderately vigorous activity means exercise such as walking briskly
Average number of 20-minute sessions of moderately vigorous activity in one week:

☐ Zero ☐ One ☐ Two ☐ Three ☐ More than three

FAMILY HISTORY: Please tick relevant family history under Age 60 (eg☑) followed by what relation they are to you only include immediate family, Mother, Father, Brothers or Sisters

☐ High Blood Pressure …….. ☐ Diabetes ……..
☐ Heart Disease …….. ☐ Glaucoma ……..
☐ Stroke …… ☐ Thrombosis (eg clots in calf/lung)
☐ High Cholesterol …….. ☐ Other Hereditary Disease - *Please specify:*

FOR CHILDREN ONLY: Please tick previous vaccinations eg. ☑

☐ Diphtheria/Tetanus
☐ Whooping Cough
☐ Polio
☐ HiB
☐ MMR
☐ Rubella (German Measles)
☐ Meningococcal C
☐ Travel vaccinations - *Please specify:*

If of School age, What school attend:……

ETHNICITY DATA:

The government and NHS require us to collect information on patients ethnicity when registering with the practice. We would be most grateful if you could tick the appropriate box.

A: White

☐ British ☐ Irish

☐ Any other white background (please write in)……..

B: Mixed

☐ White and Black Caribbean ☐ White & Black African

☐ White and Asian

☐ Any other mixed background (please write in)……..

C: Asian or Asian British

☐ Indian ☐ Pakistani

☐ Bangladeshi

☐ Any other Asian Background (please write in)……..

D: Black or Black British

☐ Caribbean ☐ African

☐ Any other Black background (please write in)……..

E: Chinese or other ethnic group

☐ Chinese

☐ Any other (please write in) ……

F: ☐ **I do not want to disclose this information.**

First language: …….

Have you ever been in or are currently in any of the following:

Military Service **Army Service** **Navy Service** **Royal Air Force**

If yes please specify _____

Did you know the surgery has a Patient Representative Group (PRG)?
If you would like further information or would like to join the group, please speak to a member of the reception team.

APPLICATION TO JOIN THE PRACTICE PROCUDURE

1. Is the patient in the practice area? Yes ☐ No ☐

2. Has the patient been removed from the list previously? Yes ☐ No ☐
IF YES not able to apply

3. Has the patient been refused application to join another practice list? Yes ☐ No ☐

IF yes please ask the patient to supply a copy of the letter and attach it to the application.
IF patient has not got a copy DO NOT COMPLETE ANY FORMS to JOIN THE PRACTICE, the patient needs to go back to the other practice and ask for the letter

4. Explain the prescription policy, does the patient agree to the policy? Yes ☐ No ☐

5. Explain the Female Doctor policy, does the patient agree copy issued? Yes ☐ No ☐

6. Has the patient a medical card? Yes ☐ No ☐

Yes Get patient to sign medical card and check address has been changed
No Get patient to fill in purple application form.

7. Has the patient put their post code? Yes ☐ No ☐

8. Ensure all forms are fully completed and signed.
Check Ethnicity ☐ First language ☐ Smoking status ☐ All other parts ☐
NHS Number or questions from GMS1 form ☐
Incomplete forms cannot be accepted.

9. Has the patient presented with a valid passport or birth certificate? Yes ☐ No ☐

10. NPHC appointment given? Yes ☐ No ☐
Has the patient had a recent annual review for any of the following conditions Diabetics, COPD, Asthma,

11. Has patient got Alcohol score of >5? **Yes/No** Booked New Patient Health Check ☐

12. Practice leaflet given? Yes ☐ No ☐

13. Zero tolerance policy? Yes ☐ No ☐

Patient signature ……. Date: …….

Staff member ……. Date: …….

TO BE GIVE TO PATIENT -PATIENT COPY

APPLICATION TO JOIN MOSSLEY & DUDLEY FIELDS MEDICAL PRACICE LIST

This leaflet gives a brief summary of practice policies please refer to our practice leaflet for more detailed information

REPEAT MEDICATION POLICY

We do have a repeat prescription system, however we only issue repeat prescriptions during a consultation with a Doctor. Repeat prescriptions are not available to order at reception.

The Doctor will give sufficient medication to last until the date when the medical condition needs to be reviewed again.

In certain cases, particularly when the review is not anticipated for several months, some of the medication will be prescribed on extra prescriptions dated ahead, rather than having too much on one prescription.

This repeat system usually works very well for the patient and the Doctor, but it does need both the patient and the Doctor to be thinking ahead regarding likely prescription needs.

HOME VISITS

If you are housebound or too ill to leave the home you may be visited at the Doctors discretion.

ZERO TOLERANCE POLICY

The practice operates a zero tolerance policy, where a patient is violent or abusive to the Doctors, staff or other members of the practice team this will result in immediate removal from the practice list.

APPOINTMENTS WITH A FEMALE DOCTOR

PROVIDED YOU BOOK IN ADVANCE, you can usually see a female Doctor, but you need to give us enough notice.

FEMALE/MALE DOCTOR IN AN EMERGENCIES OR AT SHORT NOTICE

If you require an appointment at short notice or in an emergency, it may not always be possible to see the doctor of your choice or specifically a male or female doctor. If you wish to be seen in an emergency, you would have to be seen by whatever Doctor is available, whether it is male or female.

HOME VISITS BY FEMALE DOCTORS

It is not possible to give an undertaking that you will be visited at home by a female Doctor. Home visits should only be requested for people who are very seriously ill, that they cannot be moved.

PATIENT I.D REQUIRED

The surgery now requires proof of identity in the form of Birth Certificate, Passport or Driving Licence. Also proof of address in the form of Utility Bill which must be dated within the last 3 months from date of requesting registration. Please make sure you bring these with you when returning completed forms to join the surgery. The surgery cannot register a patient without these details.

Request for all clinical data to be withheld from the

summary care record.

Please return this form to your participating GP practice

To be completed by the individual (data subject) making the request.

Title_____ Surname _____

Forename(s)_____Address_____

_____

Postcode_____ Tel No_____

Date of birth _____

What does it mean if I DO NOT have a summary care record? Health-care staff treating you may not be aware of your current medications in order to treat you safely and effectively.

Health-care staff treating you may not be made aware of current conditions and/or diagnoses leading to a delay or missed opportunity for correct treatment.
Health-care staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.

Signature.....

Actioned by

If you have any questions, or if you wish to discuss your choices or concerns, please telephone the NHS Care Records Service Information Line on 0845 603 8510.

Care Data Service Opt Out Form

Please tick the box below if you wish to opt out of the care data service. This means that data from your GP medical record will not be shared with any secondary organisations.

☐ wish to opt out of the Care Date Service

(Code 9nU0)

Please tick the box below if you wish to prevent any of your data gathered from any health or social care setting being used by a secondary organisation:

☐ do not want my data from any health or social care setting being used

(Code 9Nu4)

Please complete the details below so that we can update your medical record with this information.

Name	
Address	
Date of birth	
Contact Number	
Signature	
Date	

Please note that you can choose to opt back into these services at any time. If you change your mind, please speak to one of our practice administrators.

Please note that opting out of the Care Data service does **not** opt you out of the Summary Care Record system.