



New Patient Questionnaire - Adult

PERSONAL DETAILS

Title Date of Birth

Name Male / Female

Address NHS number

.....

.....

..... Postcode

Contact details

 Mobile

 Home telephone

 Work / Other

 Email

We are constantly working towards improving services to our patients. As part of this process we are introducing SMS text messaging or email as added choices of patient contact.

If you wish not to participate in such method of communication please inform reception to complete an OPT OUT SMS/EMAIL messaging services form.

The Accessible Information Standard aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

- Do you have communication needs? Yes No
- Do you need a format other than standard print? Yes No
- Do you have any special communication requirements? Yes No
- How do you prefer to be contacted?
- What is your preferred method of communication?

- How would you like us to communicate with you?
- Can you explain what support would be helpful?
- What is the best way to send you information?
- What communication support could we provide for you?

Next of Kin (Emergency Contact)

Name

Address

Telephone

What is your occupation?

What is your main or first spoken language?

Are you or have you been in the Armed Forces?

What is your ethnicity?

White	White British	
	Other White	
Mixed/Multiple Ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed / Multiple Ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/African/Caribbean/Black British	Black African	
	Black Caribbean	
	Any other Black background (Black/African/Caribbean background)	
Other ethnic group	Any other ethnic group including Arab	

Please list all household members registered with MMP (adult and children)

NAME OF PERSON	ADULT OR CHILD (UNDER 18)	RELATIONSHIP TO you	



<u>MEDICAL HISTORY</u>	
<p>MEDICATION</p> <p>Are you on any medication at present? (including any contraceptive)</p> <p>Please provide a printout of your repeat prescriptions if you have one.</p>	
<p>ALLERGIES</p> <p>Are you allergic to anything? If yes, what reaction did you have and when?</p> <p>IF COMPLETED PASS TO GP FOR CODING</p>	
<p>PAST MEDICAL HISTORY</p> <p>Have you had any serious illness or operations? Please list with dates.</p>	

FEMALE PATIENTS	
Date of last smear	
Do you have a coil or implant? Date of fitting.	
Have you had a hysterectomy?	
VACCINATIONS	
Date of last influenza vaccination	
Date of any pneumonia vaccination	
Date of last tetanus vaccination	
Other vaccinations – eg travel / hepatitis	
FAMILY HISTORY - has any member of your close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? (Please circle the answer)	
Heart Disease (over 60 years of age)	Yes / No / Don't know - Please provide details
Heart Disease (under 60 years of age)	Yes / No / Don't know - Please provide details
High blood pressure	Yes / No / Don't know - Please provide details
Stroke	Yes / No / Don't know - Please provide details
Diabetes	Yes / No / Don't know - Please provide details
Asthma	Yes / No / Don't know - Please provide details
Cancer	Yes / No / Don't know - Please provide details
Glaucoma	Yes / No / Don't know - Please provide details

OTHER INFORMATION

Do you have a carer? Yes / No

If you have a carer do they need communication assistance? Yes / No

Are you a carer for anyone? Yes / No

MMP offers a carer support pack which you may find useful. We also offer a carer healthcheck. Please ask at reception for details.

Are you registered disabled? Yes / No

Please give details of your disability

SMOKING HISTORY

Current Smoker Ex smoker Date stopped..... Never Smoked

If you smoke, would you like to stop? Yes / No

Stopping smoking can make a big difference to your health and lifestyle. It is never too late to stop smoking to greatly benefit your health.

Help is available if you find it difficult to stop. GPs, practice nurses and pharmacists can provide information, encouragement, and tips on stopping smoking.

The practice offers a specialist NHS Stop Smoking Clinic which has a good success in helping people to stop. Various medicines can increase your chance of quitting which are available on prescription through our clinics.

Please speak to reception for more information.

ALCOHOL

Alcohol intake (Average weekly consumption)

One unit is equal to one small (125ml) glass of wine, half pint of standard strength beer or a single measure of spirit

Please complete the following:

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 you have scored > 5, your alcohol intake may be harmful to your health.

Please book a new patient check with our nursing team to assess this further.

Summary Care Records

The NHS are changing the way your health information is stored and managed. The NHS summary care record is an electronic record of important information about your health. It is available to health care staff providing your NHS care. Please ask at reception for more information.

Are you happy to have a Summary Care Record?	Yes	No
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Thank you for completing this form.

For more information about the services we offer please see our practice leaflet or visit our website

<http://www.mmpmedical.com>

For office use only

Named GP

Allergies – passed to GP Yes/No

New patient check booked Yes/No

Record information via MMP NPC template