

New Patient Questionnaire - Adult

PERSONAL DETAILS Title Forename..... Surname..... Date of Birth Gender..... NHS number AddressPostcode 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? 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?

MMP v5 12/2019				
• Can you explain what suppo	ort would be helpful?			
• What is the best way to send you information?				
What communication support	ort could we provide for you?			
Next of Kin (Emergency Con	tact)			
Name				
Address				
Telephone				
What is your occupation?				
What is your main or first s	poken 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	2	-	
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)		1	
Other ethnic group	Any other ethnic group including Arab			

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

FEMALE PATIENTS

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

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

	T			
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 – e.g.				
travel / hepatitis				
EAMILY HICTORY has any	was how of your glood family (nowants hunthous sistems guandrawants sunts uncles)			
	member of your close family (parents, brothers, sisters, grandparents, aunts, uncles) nesses? (Please circle the answer)			
Heart Disease (over 60 years	Yes / No / Don't know - Please provide details			
of age)				
Heart Disease (under 60	Yes / No / Don't know - Please provide details			
years of age)				
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 suppo at reception for details.	ort pack which you may find useful. We also offer a carer healthcheck. Please ask			
Are you registered disabled? Yes / No				
Please give details of your disability				
1 10000 give details of your t				

Current 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.				
<u>ALCOHOL</u>				
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
		1	2	3	4	score
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 templa	te