

BRIDGE MEDICAL CENTRE NEW PATIENT QUESTIONNAIRE

SECTION A: PERSONAL INFORMATION

FIRST NAME(S):

SURNAME:

DATE OF BIRTH: DAY _____ / MONTH _____ / YEAR _____

MARITAL STATUS:

SINGLE / MARRIED / LIVING WITH PARTNER / CIVIL PARTNERSHIP / DIVORCED / WIDOWED

ETHNICITY – please tick which best describes your ethnic origin:

WHITE BRITISH	<input type="checkbox"/>	BLACK BRITISH	<input type="checkbox"/>	INDIAN or BRITISH INDIAN	<input type="checkbox"/>
WHITE IRISH	<input type="checkbox"/>	BLACK AFRICAN	<input type="checkbox"/>	PAKISTANI or BRITISH PAKISTANI	<input type="checkbox"/>
WHITE EUROPEAN	<input type="checkbox"/>	MIXED BACKGROUND	<input type="checkbox"/>	BANGLADESHI OR BRITISH BANGLADESHI	<input type="checkbox"/>
OTHER (Please specify)			<input type="checkbox"/>		

Please tick if you do NOT wish to state your ethnicity

NEXT OF KIN:

Name:

Relationship:

Address:

.....

Post code:

Tel. number:

SECTION B:

COMMUNICATION

Home Tel No:

Mobile Tel No:

Email Address:

Bridge Medical Centre will send you appointment reminders, confirmations and other information related to your personal health by text message and/or email.

Please tick here if you do NOT wish to receive SMS TEXT messages from your GP surgery:

Please tick here if you do NOT wish to receive EMAILS from your GP surgery:

If we are trying to contact you by telephone and we get an answerphone are you happy for us to leave a message?

Please tick here if you do NOT consent to answerphone messages on your HOME phone

Please tick here if you do NOT consent to answerphone messages on your MOBILE phone

Do you speak English? YES / NO

If your first language is not English, please specify:

Will you ever require the interpreter service at the surgery? YES / NO

Do you have any communication difficulties that we should be aware of? YES / NO

If yes, please specify:

Do you need information in a different format in accordance with the Accessible Information Standard? If yes, please indicate your preferred method:

Braille Large Print British Sign Language Easy Read

Other (please specify)

SECTION C:

ONLINE ACCESS

WE OFFER ONLINE ACCESS TO PATIENTS AGED 16 OR OVER.

PLEASE MAKE SURE YOU HAVE SUPPLIED YOUR EMAIL ADDRESS IN SECTION B.

LOGIN DETAILS WILL BE PROVIDED ONCE YOUR REGISTRATION HAS BEEN COMPLETED.

Our clinical system allows you to perform certain actions online via our website or a mobile app.

Please tick which online services you would like access to:

Booking GP appointments

Ordering repeat medication

Viewing your blood test results and medical record summary
(please note that this is currently limited to your Summary Care Record
and detailed coded record)

I do NOT wish to have online access enabled

FRIENDS OF BRIDGE MEDICAL CENTRE

Did you know we have a Patient Participation Group?

The group is divided into two 'sub-groups'.

One group is our 'real time' group that meet every couple of months for about an hour here at the surgery, usually during the lunch time period.

Our other group is the 'virtual group' who correspond via email.

We believe that working and listening to our patients will help us understand our patients' needs and enable us to provide the services our patients want.

Are you are interested in participating in our group?

YES / NO

If yes, please make sure you have completed Section B. Our Practice Business Manager will contact you in due course.

We look forward to hearing your views.

SECTION D:

CONSENT

(EDSM) DATA SHARING OF YOUR MEDICAL RECORDS BETWEEN HEALTH PROFESSIONALS

In the interests of patient welfare, Bridge Medical Centre will share relevant information from your medical record with other NHS services that you are receiving care from, e.g. the local hospital, Urgent Care Centre or Community Nursing Team. We will also see relevant information that these services record while you are under their care.

If you do NOT consent for us to share your data with any other NHS services, please tick:

If you do NOT consent for us to see information recorded by other NHS services, please tick:

(SCR) SUMMARY CARE RECORD – YOUR EMERGENCY CARE SUMMARY

Your Summary Care Record will be available to authorized healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

If you do NOT want a Summary Care Record, please tick:

ALLOWING CARERS, RELATIVES OR OTHER NAMED PERSONS TO COMMUNICATE ON YOUR BEHALF

If you do not wish to allow anyone else to communicate with the practice on your behalf or have access to your medical information, results and appointments, please leave this section blank.

Do you agree to have another named person able to speak to us about your medical record, if yes, please tick :

Please complete their details here:

Name:.....

Relationship:

Contact Tel. Nbr/s:

Other information if required:

.....

PLEASE NOTE YOUR GP HAS SOLE DISCRETION TO WITHOLD ANY OR ALL PARTS OF THE MEDICAL RECORD OR RELATED CORRESPONDENCE FROM A NAMED PERSON, EVEN WITH PATIENT CONSENT.

SECTION E:

SPECIAL REQUIREMENTS

Are you housebound? YES / NO

Do you have a keysafe? YES / NO

If yes, please give details of location and entry code:

.....

Do you have a carer? YES / NO

If yes, please make sure you have completed Section D.

Are you a carer? YES / NO

If yes, do you care for a patient registered at Bridge Medical Centre? YES / NO

Whom do you care for? Please give details here, the name of the person you care for and their relationship to you.

WE HAVE A CARER SUPPORT WORKER, PLEASE LET US KNOW IF YOU WOULD LIKE TO BE REFERRED

Have you appointed a health and welfare attorney? YES / NO

If yes, please give details and provide a copy of the power of attorney documentation

Do you have an Advanced Directive (Living Will) in place regarding your treatment? YES / NO

If yes, please give details and provide copies of relevant documentation

Are you a military veteran of a branch of the UK Armed Forces? YES / NO

If yes, please give details below and be aware all veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated to your time within the armed forces (service-related). However this is always subject to clinical need and does not entitle you to jump the queue ahead of someone with a higher clinical need.

SECTION F1:

YOUR HEALTH

Are you currently taking regular repeat medication(s)?

YES / NO

If yes, please book a telephone appointment for a medication review with a GP.

Prescriptions can now be sent to a pharmacy via the Electronic Prescribing Service (EPS). This is an NHS service that enables doctors to send your prescription electronically, direct to your chosen chemist.

Would you like your prescriptions sent to a local pharmacy?

YES / NO

If yes, please specify which pharmacy and branch location.

Please list any known allergies you have:

Please list any serious illnesses you have or have had, or any major operations you have had, including dates (use approximate dates if you do not know the exact time):

PREGNANCY

Are you currently pregnant?

YES / NO

If yes, you should complete some additional forms to register your pregnancy. Please ask at Reception for the Pregnancy Registration Forms and Pregnancy Pack.

Once your registration with the Practice has been completed, you will be contacted by a member of our Admin Team with a view to booking you an appointment with our Community Midwife.

SECTION F2:

LIFESTYLE

SMOKING STATUS

Please tick the appropriate box:

Current smoker If yes, please give details:

Ex- smoker Approximate quit date:

Never smoked

ALCOHOL USE

Do you drink alcohol? YES / NO

If yes, please complete the grid below – please circle each answer that applies to you.

ALCOHOL SCREENING – SCORING SYSTEM

QUESTIONS	0	1	2	3	4
How often do you have a drink that contains 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?	1-2	3-4	5-6	7-8	10+
How often do you have 8 or more drinks on one occasion?	never	Less than monthly	monthly	weekly	Daily or almost daily

Pint of beer/lager/cider/glass of wine= 2 units

Alcopop/can of beer/lager = 1.5 units

Spirit measure = 1 unit

OTHER RECREATIONAL DRUGS

Are you currently, or do you have a history of, using recreational drugs? YES / NO

If yes, please give details:

Your current weight (kg): Height (m):.....

NHS ZERO TOLERANCE TO VIOLENT AND ABUSIVE BEHAVIOUR

I fully understand that the NHS is operating a permanent zero tolerance policy towards violent and abusive behaviour. This includes harassment, alarming, distressing, threatening, abusive, insulting as well as violent behaviour by an individual. This policy applies to all NHS facilities including all areas of general practice and primary care.

I further understand that should I be party to violent, threatening or abusive behaviour towards any member of the Bridge Medical Centre team, then I will expect that certain sanctions will be applied to me. This could include my removal from the practice registration list and could mean I will have to be seen at an approved secure centre for violent patients.

I am aware that difficulties may occur in the provision of my medical care that cannot be the responsibility of any one Health Care Professional. I am also aware that violent, threatening or abusive behaviour can not alter the situation, which is often beyond the individual Health Care Professional's control.

I agree that on becoming a registered patient at Bridge Medical Centre, I will not use any form of violent, threatening or abusive behaviour towards any member of staff or volunteers at any time.

PATIENT NAME:

PATIENT SIGNATURE:

DATE: