Dr A Palmer & Dr J A Gardner

PATIENT QUESTIONNAIRE

Date:

Name:

D.O.B:

Address:

Sex:
Marital Status:

Occupation:

Postcode:
Telephone No: Home..... Mobile.....

PERSONAL HISTORY

Illnesses:

Last Tetanus:
Last Polio:

Operations:

PLEASE BRING A COPY OF YOUR MOST RECENT REPEATS SLIP

Present Medications:

To be completed by Medical Staff

Height:
Weight:
B.P:
Urinalysis:
Contraception:

Do You Have Any Allergies ?:.....

Communication Method

Do you require any specific communication requirements owing to a disability, impairment or sensory loss. e.g sight or hearing impairment etc.? **YES** **NO**

Details:.....

FAMILY HEALTH

Have any of your close family/relatives had any of the following?

Stroke
Heart Attack
High Blood Pressure
Asthma
Diabetes

CARERS
Are You a Carer ?
Caring for family or friend?
If so please give details, and ask for the additional sheet

PTO ⟶

Aged 16 or over ? Alcohol: Please circle the answers that are correct for you

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 - 8	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	

Tobacco: Please circle as appropriate
Do you smoke?

Yes / No / Ex-smoker / Never Smoked **Pipe /Cigar/ Cigarettes Number / day**

How much exercise do you take/week?

Appointment reminders by text: Would you be happy to receive a text message from us by mobile phone?

YES ☐ **NO** ☐

Summary Care Record
Are you happy for your health records to be shared with other Health Care Professionals, if the need arises, for the purpose of your continued Health Care.
e.g. If you attend Hospital, A&E, or if you attended another surgery. The Summary Care Record includes your recent medication, allergies, sensitivities, significant medical history, immunisations and any care plans if in place.

I DO AGREE to my records being shared for the purposes of my Health Care ☐

I DO NOT AGREE to my records being shared for the purposes of my Health Care ☐

Ethnic Origin

White	***Black or Black British***
☐ **British**	☐ **Caribbean**
☐ **Irish**	☐ **African**
☐ **Any Other**	☐ **Any other Background**
Mixed	***Asian or Asian British***
☐ **White and Black Caribbean**	☐ **Indian**
☐ **White and Black African**	☐ **Pakistani**
☐ **White and Asian**	☐ **Bangladeshi**
☐ **Any other Mixed Background**	☐ **Any other Asian Background**
Other	***Not Stated***
☐ **Chinese**	☐ **Not Stated**
☐ **Any other Ethnic Group**	

hscic Health & Social Care Information Centre

Summary Care Records

NHS Summary Care Record with Additional Information

You most likely have a Summary Care Record (SCR). Your SCR has important information about your health in it:

- Medicines you take
- Allergies you have
- Any medicines that make you ill

NHS Doctors and nurses treating you will ask if they can look at your SCR to help them treat you quickly and safely.

You might need to see a doctor or nurse. If they do not know about your care, your SCR could:

- Stop them making a mistake, because they can see your medicines, allergies or what medicines make you ill
- Help them see your GP information on your SCR straight away

You can choose

You can choose to have other information added to your SCR, including:

- Your illnesses and any health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated
- What support you might need
- Who should be contacted for more information about you

What to do next

If you would like this information adding to your SCR then please complete the following information and hand this form into the practice reception.

Name: .....

Date of Birth: .....

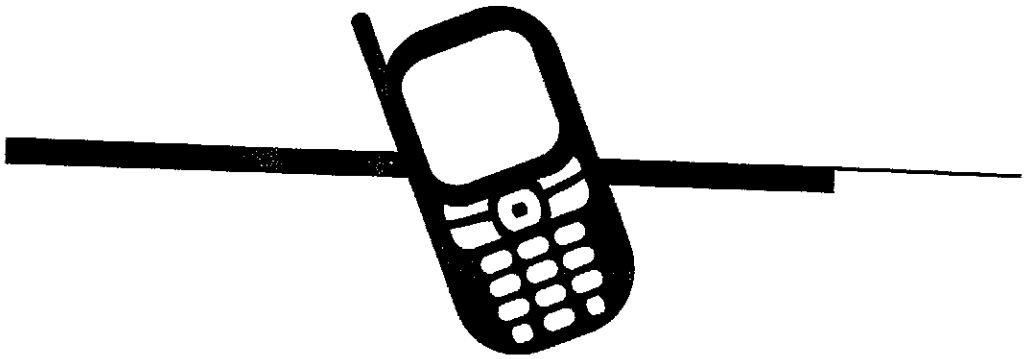
Signed: .....

Practice: Barlborough Medical Practice .....

Date: .....

Signed for (Parent/ Legal Guardian): .....

For practice use only: To update the patient's consent status to Express consent and Additional add the read code 9Ndn or CTV3 code (For SystmOne practices only) XaXbZ



Appointment Reminders Via Text

Barlborough Medical Practice

One Form For Each Patient Please

Patient Name.....

Patient Signature.....

DOB.....

Address.....

.....

Todays Date.....

Home Phone.....

Mobile Phone.....

I DO agree to receiving Text reminders ☐

I DO NOT agree to receiving Text reminders ☐

Please remember to inform the practice if you change your mobile number

EDSM: Enhanced Data Sharing Model
Permission To View?

Dear Patient

Are you aware that all the information we hold about your medical history is NOT automatically shared with other Health Care Units? This means that if you attend another clinic or another unit, they cannot currently view your information.

Our Clinical Computer System (SystmOne) is used by many other Health Units too, including our District Nurses. You now have the opportunity to decide whether you want to share your medical records with other clinics. This system is called EDSM, Enhanced Data Sharing Model. This will not apply to every clinic, but only those that use the same clinical system as us. Sharing your records will enable the best level of care to be provided, and will mean that everyone caring for you is fully aware of your medical history. We will need your permission to share your record, and you will also be asked for your permission again at whichever other unit is treating you which uses the same clinical system.

We have 2 questions for you:
Are you happy:

1. For your information on our system to be seen by others treating you elsewhere? **YES** ☐ **NO** ☐

2. For us to see your information from other services systems? **YES** ☐ **NO** ☐

Your Name (print)..... Date Of Birth.....

Your Signature..... DATE: .....