

LICHFIELD STREET SURGERY 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 your old Doctor.

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

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

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.
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MEDICATION: Please list the names of all medications taken (including contraceptive pill)
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ALLERGIES: Please list all known allergies to medications (eg penicillin)
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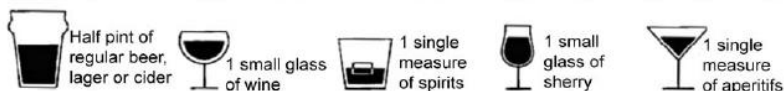
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SMOKING STATUS: Please tick relevant box(s) (eg) and insert quantity.

- | | |
|--|---|
| <input type="checkbox"/> I have never smoked | <input type="checkbox"/> Cigarette smoker / day |
| <input type="checkbox"/> Pipe smokeroz/week | <input type="checkbox"/> Cigar smoker/day |
| <input type="checkbox"/> I would / would not like help to stop smoking. (please delete as appropriate) | |
| <input type="checkbox"/> 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+ times 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

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Stroke	<input type="checkbox"/> Thrombosis (eg clots in calf/lung)
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Other Hereditary Disease - <i>Please specify:</i>

FOR CHILDREN ONLY: Please tick previous vaccinations eg.

<input type="checkbox"/> Diphtheria/Tetanus	<input type="checkbox"/> MMR
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Rubella (German Measles)
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C
<input type="checkbox"/> HiB	<input type="checkbox"/> Travel vaccinations - <i>Please specify:</i>

If of school age, Name of School you 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
- Any other white background (please write in).....
- Irish

B: Mixed

- White and Black Caribbean
- White and Asian
- Any other mixed background (please write in).....
- White & Black African

C: Asian or Asian British

- Indian
- Bangladeshi
- Any other Asian Background (please write in).....
- Pakistani

D: Black or Black British

- Caribbean
- Any other Black Background (please write in).....
- African

F: Chinese or other ethnic group

- Chinese
- Any other (please write in).....
- I do not want to disclose this information.

First language:..... Do you require an interpreter? Yes No

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 also know that the surgery has a Patient Representative Group (PRG)?

If you would like further information or would like to know how you can join the group, please ask at reception for further details.

FOR NEW OUT OF AREA PATIENTS TO COMPLETE

Have you required a home visit in the last 2 years from a GP or health professional?.....

Do you have any problems that will prevent you from attending the surgery for consultations?.....

APPLICATION TO JOIN THE PRACTICE PROCEDURE

- 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 removed from this practice list in the past? 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 Offered Support
- All other parts NHS Number or questions from GMS1 form asked All other parts

- Check Ethnicity First language School Immunisation history

Incomplete forms cannot be accepted.

- 9. Has the patient presented with a valid passport, birth certificate or driving license? Yes No
- 10. Does the patient have a chronic disease (Diabetics, COPD or Asthma) or an alcohol score of 5 or greater? Yes No

Date of appointment..... with

Patient signature Date:

Staff member Date:

Book for relevant review with Nurse (If Diabetic check book for bloods first) Yes

Does not need an appointment No

- 11. Does the patient require any medication or do they have a problem they need to see a doctor for? Yes No

Book a doctors' appointment
Does not need an appointment

Book a doctors' appointment Yes

Does not need an appointment No

- 12. Practice leaflet given? Yes No
- 13. Zero tolerance policy? Yes No
- 14. Would the patient like to book for a NPHC appointment with the nurse? Yes No

TO BE GIVEN TO PATIENT

-PATIENT COPY

APPLICATION TO JOIN LICHFIELD STREET SURGERY PRACTICE 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.

TRIAGE OF EMERGENCY APPOINTMENTS

When you ask to be seen on the same day, one of our Nursing Sister will ring you back within 30 minutes. They are specially trained to help you to get your needs addressed in the most suitable way. This might sometimes be a same day emergency Doctors appointment, but there are several other things we can also offer you instead:

- Appointment with Nurse booked for same day
- Homecare advice
- Routine appointment with GP
- Hospital attendance
- Ambulance
- Dentist

This process is called TRIAGE. It is in line with the policy of Walsall Primary Care Trust and the Department of Health. It ensures that patients are seen at the right time by the right person, and some problems can be dealt with on the telephone. It helps you to get the best service out of the NHS.

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.