

COULBY MEDICAL PRACTICE

ADULT HEALTH QUESTIONNAIRE

Title Name DOB/...../.....

Address

Tel. No (home) Tel. No (mobile)

I consent to receiving SMS text messages from Coulby Medical Practice (e.g. appointment reminders) **Y / N**

Email address Spoken Language

Next of Kin, & Phone Number

ALLERGIES	Please state any allergies:					
CONTRACEPTION	Please state your current method:					
(Female Patients)	When was your last smear test? Are you up to date? Y / N Was your last result negative (normal)? Y / N , or other					
HEIGHT feet/inches cm	WEIGHT stones/pounds kg	BLOOD PRESSURE/..... date -	
SMOKING	Do you smoke? Y / N	If Yes , how many per day? Are these cigarettes / rollups / cigars or an e-cigs? (please circle)				
	Are you an ex-smoker? Y / N	If Yes , when did you stop?				
	Do you wish to receive smoking cessation advice to help you stop smoking? Y / N If yes, please ask the practice staff who will be more than happy to help.					
ALCOHOL	How many units of alcohol do you drink each week? To help you calculate this 1 pint beer ~ 2-4units, 1 glass wine ~ 1.5-3units, 1 bottle wine ~ 10units, and 1 shot ~1unit). <i>(Please circle your answers to the three questions below)</i>					
Q1. How often do you have a drink that contains alcohol?	Never	Once or less/month	2-4 times /month	2-3 times /week	4+ times /week	
Q2. How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
Q3. How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
(scoring)	0	1	2	3	4	

YOUR REPEAT MEDICATION

Name of drug	Dosage	Name of drug	Dosage

Prescriptions can be sent electronically to the pharmacy of your choice.
If you wish, please state below the most convenient pharmacy for you to collect your medications from:

.....

Please ensure you have enough medication from your existing GP when you register here (we will not be able to issue a prescription for your medications straight away), and bring a side-slip from your last prescription to one of your first appointments to ensure your medications are correct.

YOUR MEDICAL HISTORY

Please list any serious diagnoses, disabilities or past operations below, as well as approx. date they occurred:

.....

FOR CARE HOME PATIENTS ONLY

DNAR		EHCP		DOLS	
In place?	Y / N	In place?	Y / N	In place?	Y / N
Date		Date		Date	

OTHER

We would advise that you register for Online Services by downloading the NHS App or the Patient Access App. Via online services you can order repeat medication, book certain appointments and even see some historical data and all future data in your medical record (subject to safeguarding and 3rd party data). To set up a proxy user for another patient please complete the forms at reception.

Are you REGISTERED as a carer of someone with a chronic condition? **Y / N** OR Do you have a carer? **Y / N**
 If so, is the person you care for/your carer registered here? **Y / N** - **If Yes**, what is their name?

.....

Do you have a DNAR form in place? **Y / N** - **If Yes**, please provide a copy when you register
 Do you have a (Health) Lasting Power of Attorney in place? **Y / N**- **If Yes**, please provide a copy when you register
 Have you ever served in the British Armed Forces? **Y / N** - **If Yes**, when did you leave?

Do you require reasonable adjustments?

Do you have any sort of impairment e.g. Hearing impairment or Visual impairment? **Y / N** Please state

.....

Do you need info in special formats e.g. braille, large print, easy read, signed or interpreters? **Y / N** Please state

.....

Other adjustments?

ETHNICITY

White		Mixed	
British		White and black Caribbean	
Irish		White and black African	
Any other white background		White and Asian	
Asian or British		Black or British	
Indian		Caribbean	
Pakistani		African	
Bangladeshi		Any other black background	
Any other Asian background			
Other Ethnic Groups		Not stated	
Chinese		Any other group/ ethnicity not listed, please state:	

FAMILY HISTORY

	Relationship & Age at Diagnosis		Relationship & Age at Diagnosis
Asthma		Angina/heart attack	
Diabetes		Cancer (breast/GI)	
CVA / Stroke			

I CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND THAT ANY FALSE INFORMATION MAY CAUSE A DELAY IN MY CARE

.....
 Signature

...../...../.....
 Date

SUMMARY CARE RECORD

What is the NHS Summary Care Record?

The NHS Summary Care Record (SCR) contains vital information about your health needs and medical history and can be securely accessed by staff involved with your care that don't have full access to the comprehensive medical records held at your GP practice, e.g. A&E or Out Of Hours services. The information contained within it will be solely used to provide more effective, safer, and timelier decisions about your care, particularly when you are unwell or if you have complex conditions or care needs. Only authorised staff can view your SCR, they will ask your permission at the time (unless you are unconscious or if it is an emergency, in which case they may look without your permission), and it allows those who do not know your medical history in different organisations to provide you with optimum treatment. For more information call 0300 303 5678 or visit <https://digital.nhs.uk/summary-care-records>.

Your Summary Care Record Choice

You have the choice of what information you would like to share within your SCR. You will already have an SCR if you are registered with a GP practice in England, unless you have previously opted out. You are free to change your decision at any time by informing your GP practice, and if you chose to not express a preference below, a core SCR will be automatically created for you.

Tick ONE BOX below which corresponds to your choice, and **SIGN below**:
Your choice is not valid without a signature:

Opt In to Core SCR (admin 9Ndm)
The SCR will contain info about your medication, your allergies, and any adverse reactions.

Opt In to Core SCR (with additional info) (admin 9Ndn)
The SCR will contain info about your medication, your allergies, and any adverse reactions. *It will also contain* your illnesses and health problems, any major operations you have ever had, your vaccination history, any extra support you might need (e.g. dietary requirements), and any religious beliefs, or important legal decisions or contact details. *It will not include* sensitive information related to fertility treatments, sexually transmitted infections, pregnancy terminations or gender reassignment.

Opt Out of SCR (admin 9Ndo)
No extra data will be shared with other healthcare professionals involved in your care.

.....
Signature

...../...../.....
Date

NATIONAL DATA OPT-OUT

NHS Digital can use confidential information about your health and care to help improve your individual care, speed up diagnosis, plan your local services and research new treatments. Your confidential patient information can be used by the NHS, local authorities, university and hospital researchers, medical colleges, and pharmaceutical companies researching new treatments. It will not be used for marketing or insurance purposes. There are strict rules on how data can and cannot be used, and wherever possible, your data will be used in a way that does not identify you. You do not need to do anything if you are happy with your information being used. For further information, visit <https://digital.nhs.uk/services/national-data-opt-out> and <http://www.nhs.uk/your-nhs-data-matters/>

You can check your current opt-in or opt-out status at the website below. If you wish to opt-out of sharing your confidential information as outlined above, this will not affect your own personal care or treatment in any way. You can do this by calling 0300 303 5678 or visiting <https://your-data-matters.service.nhs.uk/>