

Surname _____ First name(s) _____ DOB ___/___/___

ID Checked Passport/Driving Licence/ID Card/Other

Staff initials _____

Welcome to Huntingdon Road Surgery Please complete all the pages and hand back to reception when finished!

Surname: _____ **First name(s):** _____ **Date of Birth:** ___/___/___

Address: _____ **Postcode:** _____

Occupation: _____ **Children of school age (U16): name of school** _____

Who has parental responsibility for the child (U16) and relationship to the child:

Contact details

Home number: _____

Mobile number: _____

Are you happy for us to contact you via text: Yes No

Email address: _____

Are you happy for us to contact you via email: Yes No

Language: I can speak English
Main language if not English _____

What is your ethnic group?

- | | | |
|--|--|---|
| White British <input type="checkbox"/> | White and Asian <input type="checkbox"/> | Indian <input type="checkbox"/> |
| White Other <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| White & black African <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Other <input type="checkbox"/> |
| White & black Caribbean <input type="checkbox"/> | Caribbean <input type="checkbox"/> | Decline to say <input type="checkbox"/> |

Next of Kin

Name: _____ Relationship: _____

Telephone number for next of kin: _____

Surname _____ First name(s) _____ DOB ___/___/___

Carers/Foster Care/Social Workers

A carer is anyone who provides day to day help to someone who would not easily manage without them. This would not include a typical parent caring for their child or a professional carer, but may include someone who cares for a child with particular needs. Please let us know if you have fostering arrangements in place.

I have a carer Name of carer _____ Telephone _____
Relationship to you _____

I am a carer I would like to receive information about services

MEDICAL Questionnaire

Medical History - Please also list any operations/serious medical problems:

Medication – Please list any medication you currently receive from your doctor

Allergies – Please list any known allergies

Vaccinations

	Date
<input type="checkbox"/> MMR 1 st →	___/___/___
<input type="checkbox"/> MMR 2 nd →	___/___/___
<input type="checkbox"/> Meningitis C →	___/___/___
<input type="checkbox"/> Pneumococcal →	___/___/___

Female Patients Only- Cervical smears

My last smear test in the UK was on ___/___/___

I have never had a cervical smear test in the UK

I had a hysterectomy on ___/___/___

Under 25 year olds – smears are not usually recommended under 25yrs but if you have had one please

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complete this section.

Online Services

You can order repeat prescriptions, make appointments and view your summary care records.

I would like to sign up for SystmOnline

We will text/email your log-in details once your registration is complete.

LIFESTYLE questionnaire

SMOKING

I have never smoked

I am a current smoker

Number of smokes per day _____

If you do smoke and would like help stopping smoking, please make an appointment with the Smoking Cessation Clinic

I am an ex-smoker

Date stopped: _____

Height _____ cm Weight _____ kg/stone

ALCOHOL

On average how much alcohol do you drink in a week? _____ units/week

How often do you have a drink that contains alcohol?

Please circle as appropriate

Never Monthly 2-4 times per month 2-3 times per week 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking?

1-2 3-4 5-6 7-8 10+

How often do you have 6 or more standard drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or most daily

FAMILY HISTORY

Family member(s)
and age of diagnosis

Family member(s)
and age of diagnosis

Surname _____		First name(s) _____		DOB ____/____/____	
Breast Cancer	_____	Heart Attack/Disease	_____		
Cancer (other)	_____	Mental Health	_____		
Dementia	_____	Stroke	_____		
Hypertension	_____	Diabetes	_____		
Asthma	_____	Other	_____		

Summary Care Records

The NHS is creating centralised electronic records for all patients. The current proposal is that this will only contain information about any medicines you are taking, allergies you have and any bad reactions to medicines that you have had.

Giving healthcare staff access to this information can help prevent mistakes being made when caring for you in an emergency or when the surgery is closed. Staff will ask you if they wish to access your Summary Care Record.

*If you would like further information <http://www.nhs.uk/summary/>
OR call the Information Line on 0300 1233020*

I am happy to have a Summary Care Record

YES NO *please delete as appropriate*

Signed _____

The NHS will create a Summary Care Record for you unless you tell us not to do so

Sharing In and Out

You can now choose whether to share your full medical details. Your health record includes your medical history, details about your medication and any allergies you may have. Sharing your health record will help us deliver the best level of care for you.

We use a secure electronic health records system called SystmOne. With your permission, this system can allow clinicians to share your full record held here with other healthcare services who are providing care for you. This could include out of hours services, children's services, community services and some hospitals. These other services will ask for your permission before they view your record.

Sharing OUT—This controls whether your information recorded at this practice can be shared with other healthcare services.

Sharing IN— This determines whether or not this practice can view information in your records that has been entered by other services who are providing care for you—or who may provide care for you in the future.

SHARING OUT

Surname _____ First name(s) _____ DOB ___/___/___

I would like my health record at this practice to be shared with other healthcare services providing care for me

YES

NO

SHARING IN

I would like this practice to be able to view information in my health record that has been recorded by other healthcare services

YES

NO

Signed _____