ST GEORGE HEALTH CENTRE - NEW PATIENT QUESTIONNAIRE

To register at the practice please complete together with GMS1 for each person registering (adult or child)

If completing as a parent/carer, answer questions as if you are the person registering and provide your details:

Relationship to patient registering: ..... Name: .....

Name of person to be registered: ..... **Date of Birth:** .....

Mobile tel: ..... Email address: .....

If you provide us with an email address, we will record consent for contact by email. If you only want this mobile number to be used for phone calls please tick this box ☐ otherwise we will record consent for contact by text message. We will only text or email messages that are relevant to your / your child's ongoing healthcare, with the minimum of personal content. You are responsible for informing St George Health Centre of email address and/or mobile phone number changes or if your mobile phone is lost/stolen.

ARE YOU A CARER? * If you are, please tick here ☐ and ask at Reception for a Carers Information Pack
This information pack includes a form to complete to register with us for further support

** in receipt of carer's allowance or main carer of elderly or disabled person whose welfare may be at risk if you fall ill*

If you are interested in being part of our Patient Reference Group (PRG), tick here ☐ and we will contact you with more information. We gather patient opinion from the PRG to inform improvements to our service, usually via email.

Following registration on our computer system: please ask for additional forms if you would like to:

a) register for online services *(to request repeat medication, manage appointments and/or view medical record)*

b) opt-out of sharing data from your patient record *(Summary Care Record, Connecting Care, Care.Data)*

Please see our website stgeorgehealthcentre.nhs.uk for more information on anything mentioned above

HEIGHT: ..... m (preferably, or ..... ft & ..... in) **WEIGHT:** ..... kg (preferably, or ..... st & ..... lb)

MEDICAL HISTORY - please list any serious illnesses or operations, with dates

MEDICATION - please list tablets, inhalers, creams etc you regularly use, giving strength and dosage if possible
Please note, we use the Electronic Prescribing Service (EPS). See Reception to nominate a local pharmacy to receive your electronic scripts, or to update your current nomination (this transfers with your records - we may remove at registration if non-local)

ALLERGIES - tick any that apply & give details

☐ Drugs (14L) ☐ Foods (SN58) ☐ Other (14M) .....

FAMILY HISTORY - have any of your close relatives suffered from: *(tick any that apply and/or give other details below)*

☐ Asthma (12D2) ☐ Heart problems (12C) ☐ Diabetes (1252) ☐ Cancer (124) ☐ Glaucoma (12A1)

Any other conditions: .....

EXERCISE – please indicate the average amount of exercise you take per week *(tick one)*

☐ Nil (1382) ☐ Less than 30 minutes (1383) ☐ 30-60 minutes (1384) ☐ Over 60 minutes (1385)

THE FOLLOWING INFORMATION IS REQUESTED FROM ANYONE OVER 12 YEARS OF AGE

WOMEN ONLY - please give details of any contraception:

☐ Pill ☐ Other: ..... *Appointment required for further supplies – book with Reception*

Are you currently pregnant? ☐ YES ☐ NO If YES, when is your due date? .....

SMOKING - please tick one *If you would like information about support to stop smoking, please ask at Reception*

☐ Never smoked (1371)

☐ Ex-smoker (137S) Please tell us when you gave up: ..... *(month & year)*

☐ Current Smoker (137R) Please tell us how much you smoke: ..... *(e.g. number of cigarettes per day)*

ALCOHOL USE - circle your answer to each of the 3 questions, write in the corresponding score on right, then total up

	Scoring System					**YOUR SCORE**
	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 standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
☐ I decline to complete my alcohol use (9k19)					(38D4) **TOTAL**	

Patient Profiling Form

We aim to provide Health Services for all people, regardless of race or language. In order to do this, we need to know more about the population we are servicing. Please could you complete the questions below.

1. Communication Needs

a) Which language do you usually speak and read? *tick **one** for 'Speak' and **one** for 'Read' only*

If you do not wish to provide this information, please tick here ☐ (13ZG)

For young children, tick the main language they will be brought up with

	Speak	Read
English	☐ (13I4)	☐ (13nB)
Albanian	☐ (13IS)	☐ (13nT)
Bengali	☐ (13I1)	☐ (13n8)
Cantonese	☐ (13I2)	☐ (13n9)
Farsi	☐ (13IO)	☐ (13nH)
French	☐ (13I5)	☐ (13nC)
Gujarati	☐ (13I6)	☐ (13nK)
Hindi	☐ (13I8)	☐ (13nD)
Mandarin	☐ (13IB)	☐ Traditional (13nJ) ☐ Simplified (13nM)
Polish	☐ (13IC)	☐ (13nF)
Punjabi	☐ (13IE)	☐ (13n2)
Russian	☐ (13IF)	☐ (13n3)
Somali	☐ (13IG)	☐ (13n4)
Spanish	☐ (13IH)	☐ (13n5)
Turkish	☐ (13IZ)	☐ (13nY)
Urdu	☐ (13IL)	☐ (13n7)
Other	☐ (13Z6Z)	☐ (13n)

If other, please state language: .....

b) If English is not your usual spoken language, do you require an interpreter? Yes ☐ / No ☐

c) Do you have a disability or impairment affecting communication? Yes ☐ / No ☐

If Yes, how can we provide you with support? (give detail below, e.g. providing information in an alternative format)

.....

d) What is your preferred communication method? *(tick **one** only)*

No preference ☐ Letter to home address ☐ Letter to correspondence address *(give details below)* ☐

Home telephone ☐ Mobile telephone ☐ Work telephone ☐ Email ☐ Other *(give details below)* ☐

.....

2. What do you consider to be your ethnic origin? *tick **one** box only*

If you do not wish to provide this information, please tick here ☐ (9SD)

White

- ☐ British (9i00)
- ☐ Irish (9i1)
- ☐ White other *(give details below)* (9i2)

Asian or Asian British

- ☐ Bangladeshi (9i9)
- ☐ Indian (9i7)
- ☐ Pakistani (9i8)
- ☐ Asian other *(give details below)* (9iA)

Black or Black British

- ☐ African (9iC)
- ☐ Somali (9iD0)
- ☐ Caribbean (9iB)
- ☐ Black other *(give details below)* (9iD)

Mixed Background

- ☐ White and Asian (9i5)
- ☐ White and Black African (9i4)
- ☐ White and Black Caribbean (9i3)
- ☐ Other mixed background *(give details below)* (9i6)

Other Ethnic Group

- ☐ Chinese (9iE)
- ☐ Any other *(give details below)* (9iFK)

Other details: .....

Signature: ..... **Date form completed:** .....

Thank you for completing this information for us