

Red Practice, Walton Health Centre, Rodney Road, Walton-On-Thames, KT12 3LB

NEW PATIENT HEALTH AND LIFESTYLE QUESTIONNAIRE FOR PATIENTS

We require all new patients to complete this questionnaire as fully and accurately as possible. All information will be treated as confidential.

DATE _____	
NAME _____	DOB _____
ADDRESS _____	

POSTCODE _____	
HOME TEL _____	MOBILE _____
I agree to the practice communicating with me by SMS (text) e.g. appointment reminders YES / NO	
WORK TEL _____	EMAIL _____
GENDER _____	
ARE YOU A CARER YES/NO DETAILS _____	

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY

NAME _____
CONTACT TEL _____
RELATION TO YOU _____

PERSONAL MEDICAL HISTORY

PLEASE LIST ANY SERIOUS OR CHRONIC ILLNESS, OPERATIONS & DISABILITIES WITH DATES IF KNOWN.

PLEASE LIST YOUR CURRENT MEDICATIONS.

PLEASE LIST ANY DRUG ALLERGIES.

DATE OF YOUR LAST CERVICAL SMEAR (IF APPLICABLE)//

Where was it done?

NHS/ Private

FAMILY MEDICAL HISTORY HAVE ANY CLOSE RELATIVES SUFFERED OR DIED FROM ANY OF THE FOLLOWING?

STROKE	YES/NO	RELATION TO YOU
HEART DISEASE(UNDER 60)	YES/NO	RELATION TO YOU
HEART DISEASE(OVER 60)	YES/NO	RELATION TO YOU
DIABETES	YES/NO	RELATION TO YOU
ASTHMA	YES/NO	RELATION TO YOU
CANCER	YES/NO	RELATION TO YOU

LIFESTYLE

HEIGHT _____ WEIGHT _____
 DO YOU SMOKE? YES/NO _____ EX SMOKER _____ NEVER SMOKED _____
 REFERRAL TO STOP SMOKING SERVICES(LEAFLET PROVIDED) YES/NO _____
 CIGARETTES/TABACCO PER DAY _____
 IF EX-SMOKER WHEN DID YOU STOP? _____

AVERAGE WEEKLY INTAKE OF ALCOHOL _____

VACCINATIONS:

PATIENTS ETHNIC GROUP

To help us make sure that the services we provide are equally accessible and meet the needs of our diverse population we would like to have an accurate picture of the local people we serve. If you are descended from more than one ethnic group please indicate the group to which you consider you most belong.

WHITE

- BRITISH
- IRISH
- ANY OTHER WHITE BACKGROUND

ASIAN OR ASIAN BRITISH

- INDIAN
- PAKISTANI
- BANGLADESHI
- ANY OTHER ASIAN BACKGROUND

MIXED

- WHITE & BLACK CARIBBEAN
- WHITE & BLACK AFRICAN
- WHITE & ASIAN
- ANY OTHER MIXED BACKGROUND

BLACK OR BLACK BRITISH

- CARIBBEAN
- AFRICAN
- ANY OTHER BLACK BACKGROUND

OTHER ETHNIC GROUP

- CHINESE
- ANY OTHER ETHNIC GROUP

FOR OFFICE USE ONLY

<input type="checkbox"/> Photo I.D	<input type="checkbox"/> Proof of residency	<input type="checkbox"/> Forms checked	<input type="checkbox"/> Smoking Leaflet Given
<input type="checkbox"/> Alcohol Questionnaire Completed	<input type="checkbox"/> Online Services Letter Given	<input type="checkbox"/> SCR Letter & Opt Out Form Given	

Date:

Receptionist's Initials:

Red Practice – Alcohol Screening

The NHS is collecting data to help address the issue of alcohol related illness. We have been asked to collate this information.

Please take a few moments to complete this alcohol screening questionnaire and return it with the completed New Patient Questionnaire to the Red Practice Reception Desk.

Section 1

UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

Fast Alcohol Screening Test (FAST)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

If your score is greater than 3 please complete Section 2 on the following page.

Red Practice – Alcohol Screening

Section 2

UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

Alcohol Users Disorders Identification Test (AUDIT)

Questions	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	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Your assistance in completing this questionnaire is appreciated.

The Red Practice



Your emergency care summary

SCR New patient letter/May13

Dear Patient,

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record** – enclosed is an opt out form. **Please complete the form and hand it to a member of the GP practice staff.**

If you need more time to make your choice you should let your GP Practice know.

For more information talk to our **Patient Advice and Liaison Service (PALS)** on 01483 447131 or email info@healthwatchesurrey.org or visit the website www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

The Red Practice



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS number (if known) Signature

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no

Date

Ref: 4705