V518.1

Stonefield Street Surgery
Stonefield Street, Milnrow, Rochdale. OL16 4JQ
www.stonefieldstreetsurgery.co.uk
01706 646234

New patient questionnaire for over 18's

Please complete the following questionnaire as fully as possible.
We hold your patient records in the strictest confidence, regardless of whether they are electronic or on paper. We take all reasonable precautions to prevent unauthorised access to your records, however they are stored. Any information that may identify you is only shared with the practice team, or, if you are referred to hospital, to the clinician who will be treating you. We will only share information about you with anyone else if you give your permission in writing.

Title	Mr	Mrs	Miss	Ms	Other		DOB	/ /
Full Name								
Previous Surname/s								
Address								
							Postcode	
Previous Address								
							Postcode	

Special Access Instructions	If you require home visits e.g. keycode
Home Telephone Number	
Mobile Telephone Number	
Email Address	

Preferred method of communication	Home	Mobile	Letter	Email	Other (Please State)

Are you happy to receive text messages from the practice? (appointment reminders etc)	YES	NO

Which of the following best describes how you think of yourself?			
Man (including trans man)		Non-binary	
Woman (including trans woman)		Other (please state)	

Is your gender identity the same as the gender you were given at birth?			
YES		NO	

Which of the following options best describes how you think of yourself?					
Lesbian		Gay		In another Way (please state)	
Bisexual		Heterosexual/straight		Rather not say	

What is your relationship status?			
Single		Married	
In a relationship (and cohabiting)		Civil Partnership	
In a relationship (not cohabiting)		Divorced	
Widowed		Rather not say	

Next of Kin / Emergency Contact

Name of next of kin	
Relationship to patient	
Address	
Telephone Number	

Do you consent for your next of kin to communicate with the practice on your behalf?			
YES		NO	

Have you ever served in the armed forces?			
YES		NO	

If yes, please state	
Date of enlistment	
Date of leaving	

Ethnic Group

Black or Black British - African		Mixed White / Asian	
Black or Black British - Caribbean		Other Asian	
British Bangladeshi		Other Black/Black British	
British Indian		Other Mixed Background	
British Pakistani		Other White	
Chinese		White Asian	
Mixed White/Black African		White British	
Mixed White/Black Caribbean		White Irish	
Other		Please Specify	

If your first language is not English - please state your first language				
Do you require an interpreter when consulting with a health professional?	Yes		No	

What is your employment status?				
Employed	YES	NO	Please state Occupation	
Retired	YES	NO		

Are you the parent/guardian/carer of a child under the age of 18, living at the same address (please complete below)			
Name	DOB / Age	Relationship	School/Nursery

Are you a Carer? (Someone who is looking after a family member, partner or friend who needs help because of illness, frailty or disability and not being paid for this)							
YES (I am a full time carer)		**YES** (I am a part time carer)		**Who do you care for?**		**NO** (I am not a carer)	

Do you have a carer?					
YES		**NO**		**Relationship to you**	
Name of carer					
Telephone number					

Practice - Patient Communication

Do you have any specific information / communication needs? E.g.Large font/sign language…	**YES**		**NO**	

Please state your requirements

Past Medical History	Please tick if you have a history of any of the following		
Asthma		Hypothyroidism	
COPD		Diabetes (type1)	
High Blood Pressure		Diabetes (type2)	
Heart Conditions		Kidney Failure	
Atrial Fibrillation		Mental Health Problems	
Stroke/TIA		Cancer	
Dementia		Gestational Diabetes	
Angina		Epilepsy	

Please give details of any operations or hospital admissions

Are you living with HIV?	**Prefer not to say**		**YES**		**NO**	

Family History	Please give details of any significant family history i.e. Heart Disease, Stroke, Diabetes etc.		
Relative (e.g. Parent/Cousin etc.)	**Condition (e.g. Diabetes, stroke etc.)**	**Age at onset of condition**	**Comments**

Smoking Status

Never Smoked			
Ex-Smoker		When did you give up?	
Current Smoker		What and how many?	

Alcohol

Pint of regular beer/lager/cider = 2units	Single measure of spirits = 1unit
Alcopop or can of lager =1.5units	Bottle of wine = 9 units

Glass of wine (175ml) = 2 units	**How many units of alcohol do you drink per week on average?**	

Do you have any allergies?	**YES**		**NO**		**If yes please list below**

Are you currently on any prescribed medication?	**YES**		**NO**	

If you have answered **YES** to the above you must bring in either a copy of your current repeat prescription, a list of your current medication from your last GP (either a repeat prescription sheet or on letter headed paper.)
Failure to do this may delay our ability to prescribe you with your repeat medications.

Health Screening	Have you had cervical/breast/chest/bowel screening in the last 5 years?					
Type of screening		Approx date of screening		Result	
Type of screening		Approx date of screening		Result	
Type of screening		Approx date of screening		Result	

Patient Online Access Services

Patients aged over the age of 14 years at the time of registration will automatically be issued with Online Access registration details via email. This will enable online access to appointment bookings, cancellations and repeat prescriptions.

Please provide an email address for your registration details to be sent to if you have not already done so on page 1.

If you would like access to your medical records/history, please ask at reception for an application form.

Prescription Requests for Repeat Medications

Requests for repeat medications may be made via online services (if patient is over 14 years) via our prescription ordering service on our website(http://www.stonefieldstreetsurgery.co.uk), in writing and placed in the red prescription boxes in reception, or via your nominated chemist. Repeat Prescriptions will be available after **48hours**

Patient Participation Group	**Would you like to join our group?**	YES		NO	

The PPG aims to enhance the communication between the surgery and the patients in a positive way in collaboration with the Practice Manager. The group meets at the surgery on the **3rd Wednesday of every month at 6:30pm** and are actively looking for more patients to join the group. Feedback is used by the practice to develop their services and to benefit the wider community.
If you are over 16 years of age and would like to join the group, just turn up on the day or contact the practice directly in advance to request an agenda for the meeting.

Zero Tolerance Policy

The Practice operates a Zero Tolerance policy for the protection and safety of our staff, patients and visitors.

Thank you for taking the time to complete this form. Stonefield Street Surgery strives to provide high quality health care by working closely with our patients to ensure their optimal health. We expect our patients to take some responsibility for their own health care, which includes keeping booked appointments and attending for reviews.
By signing this form you agree to be bound by the rules of our surgery.

I confirm that the details I have given in this form are true and correct. I understand my responsibilities to the surgery.	
Name (patient)	
Signature (patient)	
Date (patient)	