

## New Patient Questionnaire for Adult and Child

We use your mobile phone to text appointment reminders, remind you when you are due a review and to give simple text results. Please tick to confirm that you agree to your mobile number being used this way and provide it once more below:

Patient Name:..... Patient D.O.B:.....

Mobile number: ..... Consent:

Is your mobile number being used for anyone else (ie child or any other dependent)? Yes  No

If yes, who? .....

What is your Occupation?..... Ethnic origin?.....

How long have you lived in the UK?..... Main language?.....

Do you require an interpreter?..... Are you a British Citizen?.....

Do you permanently live in UK?.....

Next of Kin:..... Relationship to you?.....

Next of Kin address:..... Next of kin mobile number:.....

..... Next of Kin Home Number:.....

Emergency contact if next of Kin not in UK: .....

Are you a carer? Yes  No  If yes who do you care for?.....

Are they registered at this practice? Yes  No

Do you have any significant medical conditions? If so, what?.....

.....

Please give details of any regular medication you are taking:.....

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Do you have any allergies? If so, what?.....

Do you have a disability, visual or hearing impairment? If so, what?.....

Are you housebound? Yes  No

Do you smoke? Yes  No  Ex smoker  E-cigarettes/vape

How many a day?..... When did you stop?.....

How many units of alcohol do you have a week? .....

Do you take regular exercise? Yes  No  How often? .....

Does anyone in your immediate family suffer with a chronic illness ie, diabetes, heart disease, high blood pressure, stroke, cancer?.....

Does patient if a child, attend hospital regularly? Is so, why?.....

Is the patient if a child, up to date will immunisations? Yes  No

**Appointments**

All consultations are by appointment only. Appointments can be made by coming in to the practice., by telephone or electronically. We encourage patients to register with our Patient Access System where this allows you to book appointments and order prescriptions online. Please ask at reception for this form and complete it to register for this service.

**Information Sharing**

- To provide further medical treatment for you e.g. referrals, for hospital care and community nurse services.
- To help you get other services e.g. from the Social Work department. This requires your consent.
- When we have a duty to others e.g. in child protection cases.

Anonymised patient information will also be used at local and national level to help the Health Board and government plan services e.g. for diabetic care.

We have a patient The practice complies with The General Data Protection regulation (GDPR) and Access to Medical records legislation. Identifiable information about you will be shared with others in the following circumstances:

information leaflet - Data Protection and Sharing Information - available to all patients. Please ask a member of staff for a copy of this if you require further information.

If you do not wish anonymous information about you to be used in such a way, please let us know.

**I have read and understood the information in this document and the information I have provided is correct to the best of my knowledge.**

**Signed:**..... **Date:**.....