

# Greenwood & Sneinton Family Medical Centre

## New Patient Medical Questionnaire



Welcome to the practice. Please help us by completing as much of this questionnaire as possible.

Name:		Male/Female:	Date of Birth:
Address:			
Post Code:	Landline:	Mobile:	
email address:			

Current GP's Name:
Medical Centre:
NHS Number:

### Personal History

Have you ever had any of the following?:

- |                     |                          |                       |                          |                 |                          |                    |                          |
|---------------------|--------------------------|-----------------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|
| Any Serious Illness | <input type="checkbox"/> | Hepatitis             | <input type="checkbox"/> | Bronchitis      | <input type="checkbox"/> | Migraine           | <input type="checkbox"/> |
| Heart Problems      | <input type="checkbox"/> | Psychiatric Treatment | <input type="checkbox"/> | Tuberculosis    | <input type="checkbox"/> | Blood Disorder     | <input type="checkbox"/> |
| Asthma              | <input type="checkbox"/> | Any Allergic Reaction | <input type="checkbox"/> | Anxiety Attacks | <input type="checkbox"/> | Surgical Operation | <input type="checkbox"/> |
| Diabetes            | <input type="checkbox"/> | Tropical Disease      | <input type="checkbox"/> | Hay Fever       | <input type="checkbox"/> | Skin Problems      | <input type="checkbox"/> |
| Serious Depression  | <input type="checkbox"/> | Any Disability        | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | Fits or Fainting   | <input type="checkbox"/> |

If any of the above conditions or any other medical problem still trouble you then please give details below:

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**Immunisations:** please give approximate dates

Tetanus:	Polio:
TB:	Rubella:

### Lifestyle:

How much do you smoke each day?:			
How much alcohol do you drink each week?:			
Height:	Weight:		
How often do you exercise?	Everyday <input type="checkbox"/>	Once a Week <input type="checkbox"/>	Not Often <input type="checkbox"/>
Describe your diet e.g. vegetarian, normal etc			
Are you allergic to any drugs?			
Have you ever lived or worked abroad?			Yes/No
Have you ever had a blood transfusion abroad?			Yes/No
Do you have any allergies?			
Is there anything in your lifestyle that might have put you at risk of HIV/Hepatitis B?			
Has anyone in your immediate family had: Diabetes <input type="checkbox"/> Hepatitis B/C <input type="checkbox"/> HIV <input type="checkbox"/>			
Tuberculosis <input type="checkbox"/> Heart Attack/Stroke before the age of 60 <input type="checkbox"/> High Cholesterol <input type="checkbox"/>			

### Ladies Only:

When did you last have a smear?:	Are you using any birth control?:
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### Are You a Carer?

A carer is a person who takes unpaid responsibility for the physical and/or mental well-being of someone who cannot perform the tasks of daily living unaided.

Are you a carer?	YES	No	Please circle
Do you have a carer	Yes	No	Please circle

Patients spoken first language \_\_\_\_\_

**Please indicate your ethnic group by circling the appropriate group number**

1	White	British	9i0..
2	White	Irish	9i1..
3	White	Any other White background	9i2..
4	Mixed	White and Black Caribbean	9i3..
5	Mixed	White and Black African	9i4..
6	Mixed	White and Asian	9i5..
7	Mixed	Any other mixed background	9i6..
8	Asian or Asian British	Indian	9i7..
9	Asian or Asian British	Pakistani	9i8..
10	Asian or Asian British	Bangladeshi	9i9..
11	Asian or Asian British	Any other Asian background	9iA..
12	Black or Black British	Caribbean	9iB..
13	Black or Black British	African	9iC..
14	Black or Black British	Any other Black background	9iD..
15	Other Ethnic Groups	Chinese	9iE..
16	Other Ethnic Groups	Any other ethnic group	9iF..
17	Ethnic Group Not Stated	Ethnic category not stated	9iG..

### Consent Form

I understand that the same computer medical record is used to store information recorded by different members of the community care teams who are currently involved in providing my care, including but not limited to GP surgeries, district nurses, health visitors, physiotherapists, podiatrists, social care and child health. I understand that I will be asked to give consent by each community care team before they are able to access or add to any shared data about me.

#### Share-out

I would like the information recorded at **Greenwood Medical Centre** to be available to be seen by other community care teams who are involved in my care where I have granted those care teams access to see my shared data.

#### Share-in

I would like the information recorded at other care teams who are involved in my care to be seen by members of the team at **Greenwood Medical Centre**, where I have granted those care teams the right to add to my shared data.

I understand that I can change my decision at any time.

Signed

Date

**If you do not signed the above consent NO information will be shared either way**