Ethnicity

My main spoken language is ……

What is your ethnic group?

Please tick below your ethnic group (choose **ONE** selection only).

Please indicate if you do not wish to give this information below. It is important for us to have this information to enable us to give a better level of care.

Declined or refused to reveal ethnic group ☐

White UK	☐	White Other	☐
Black African	☐	Black Caribbean	☐
Black UK	☐	Black Other	☐
Asian UK	☐	Asian Other	☐
Pakistani	☐	Chinese	☐
Bangladeshi	☐	Polish	☐

Other please state……

I would like to decline the **New Patient Health Check**……**..Signed**

Dispensing Medications

If you live over a 1 mile radius of a chemist, we can dispense medications for you to collect from Launceston Medical Centre dispensary. If you are eligible and would like this service please indicate:

Yes ☐ No ☐

If you live within a 1 mile radius of a chemist please indicate below where you would like to collect your medications from:

Tescos ☐

Day Lewis ☐

Alliance Boots ☐

Collect the paper prescription from us and take to a chemist of your choice ☐

Please note all chemists offer a courier service for your repeat medication requests.

Launceston Medical Centre
New Patient Questionnaire

Date……

Mr/Mrs/Miss/Ms……Full Name……

Date of Birth ……Age……

Address……

……Post Code……

Telephone Home……..Work……Mobile……

Email Address……

Occupation……

✓Please tick all applicable

Current Health

Do you have any of the following:

- ☐ Asthma
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Thyroid Problems
- ☐ Epilepsy (even if currently not on medication)
- ☐ Angina
- ☐ Cancer (please give details)……
- ☐ COPD (Chronic Lung Disease)
- ☐ Mental Health or Drug and Alcohol Problems
- ☐ Do you have a registered disability? (please give details**)**……

……

Current Weight……

Current Height……

Previous Medical History

Have you had any of the following (please give date where possible)

☐ Heart Attack

☐ Stroke

☐ Thyroid Problems (but no treatment for 2 years)

☐ Asthma (but not using inhaler)

☐ A serious allergy (if yes, please give details)……..

☐ Have you had any operations in the past? (if yes please give details)……

……

☐ Have you had any other significant medical problems in the past? (if yes please give details)……

……

☐ Are you on any regular medication? (if yes please list or attach a copy of your previous prescription request form……

……

……

☐ Are you allergic to any medication? (if yes please list)……

……

☐ Are you currently undergoing or awaiting any hospital treatment or follow-up? (if yes please give details including at which hospital)……

……

Family History

Regarding your parents, brothers or sisters, is there a family history of the following:

☐ Heart Disease (e.g Angina or Heart Attacks below the age of 60)

☐ Other Heart Problems

☐ Stroke (aged under 70)

☐ High blood Pressure

☐ Diabetes

☐ Any other serious illness please give details……..

Your circumstances at home

Are you a Carer for someone or are you cared for by someone? Yes ☐ No ☐

Who do you care for? Name……Date of Birth……Tel No……

Who cares for you? Name……Date of Birth……Tel No……

Smoking

Do you smoke? ☐ Yes ☐ No

If yes how many per day?……

Have you ever smoked? ☐ Yes ☐ No

If yes please give the date you stopped……

If you are currently a smoker but would like to give up, we can help you through our Smoking Cessation Clinic. Please ask at reception for details.

Alcohol Consumption

How often do you have a drink containing alcohol?

Never ☐ Monthly or less ☐ 2-4 times a month ☐ 2-3 times a week ☐ 4+ times a week ☐

How many units of alcohol do you drink on a typical day when you are drinking?……units.

Pint of Beer/Cider = 2 units Glass of Wine (175ml) = 2 units

Single Measure Spirit = 1 unit Bottle of Wine = 9 units

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

Exercise Level

Please indicate your weekly exercise:

None ☐ Light ☐ Moderate ☐ Heavy ☐

Summary Care Record

The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals only, with the patient's consent, to support their care and treatment. Where a patient and their doctor wish to add additional information to the patient's Summary Care Record, this may be added with the explicit consent of the patient.

Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only.

☐ Express consent for medication, allergies, adverse reactions and additional information.

No – I would <u>not</u> like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out).