**St Martins Practice**

**NEW PATIENT QUESTIONNAIRE FOR PATIENTS OVER 16**

**Please type your answers OR where appropriate
use bold or underline or highlight to indicate your answer, thank you**

*Completing this form is only step 1 in our online registration process: returning it to us does not mean that you are registered as a patient with us. Once we have received it completed, then step 2 is that we email you a link to complete the registration form which is an online form. Only once we have both parts completed, are you registered with us.*

*This questionnaire is confidential and will help us to look after your health. Please answer it fully and return it to us by email to* ***adminsmp@nhs.net****. Thank-you.*

Your title (Mr / Ms / Mrs / Miss / Mx / Dr / other): \_\_\_\_\_

Your name: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Your gender (M or F) (see note at the end): \_\_\_\_\_\_\_\_

Your mobile number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your current address: \_\_\_\_\_

Your previous address**:** \_\_\_\_\_

EITHER Your previous GP (name of doctor or name of practice): \_\_\_\_\_

OR if no previous GP in the UK then please sate the date you arrived in the UK: \_\_\_\_\_ and also your place of birth \_\_\_\_\_

And

Your NHS number: \_\_\_\_\_

If you do not know your NHS number then please use this service to find it

<https://www.nhs.uk/find-nhs-number/what-is-your-name>

If we will be your first GP in *England* then you will not have an NHS number

We use text to communicate with our patients about appointment reminders and other information about their health & care.

Would you like this reminder service? YES / NO (please delete what is not applicable)

Online records: you can access all your medical records created since 1st Feb 2023 through the NHS App, including test results, consultation notes & hospital letters. If you care for someone, and they give their consent (or, for age up to 11, you have parental responsibility), then you can also access their records through the NHS App as well as your own.

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We are improving how we communicate with patients, please tell us here if you need information in a different format or communication support: **\_\_\_\_\_**

Would you like to comment on how we plan and deliver our services? YES / NO

*Please consider joining our Patient Group: this can be at a time to suit you: Please ask at the desk or see www.stmartinspracticeleeds.nhs.uk for more information.*

**Ethnicity, please highlight one**

White British

British or mixed British

White & black Caribbean

White & black African

White & Asian

Indian or British Indian

Pakistani or British Pakistani

Bangladeshi or British Bangladeshi

Caribbean

African

Other Black *please specify* **\_\_\_\_\_**

Other Asian *please specify***\_\_\_\_\_**

Other white *please specify***\_\_\_\_\_**

Other mixed *please specify***\_\_\_\_\_**

Other ethnic group *please specify***\_\_\_\_\_**

I prefer not to answer **\_\_\_\_\_**

**Main spoken language**

Do you require translation services?

Are you a Asylum Seeker YES / NO

**Family details**

Do you have any children under 18?

If so, what are their ages and do they live with you? **\_\_\_\_\_**

Do you have any concerns about your children’s safety? YES / NO

*If yes, and you would like to discuss this, please make an appointment with a doctor or nurse*

**Next of kin**

We may need to contact your next of kin in case of medical emergency

Your next of kin name: **\_\_\_\_\_**

Relationship to you: **\_\_\_\_\_**

Next of kin contact No: **\_\_\_\_\_**

**Disability & carer**

Do you have a disability? YES / NO

Are you registered as disabled? YES / NO

Do you have a carer? YES / NO

Do you consent for us to contact them about your care? YES / NO

If yes, please give their details and the extent to which you wish us to share your information. (E.g., details of appointments or full care history?) **\_\_\_\_\_**

Do you care for someone with a chronic condition, disability, or mental health problem? YES / NO

*If YES, please ask about our Carers Scheme at reception*

**Current health and medications**

Are you on any regular repeat medication? YES / NO

If so, please state what: **\_\_\_\_\_**

*Please register for online services and order your repeat medication online. This is the safest way. We use electronic prescribing: any prescriptions you have will be sent electronically to your choice of pharmacy.*

If you have a regular pharmacy you always use then please state it here: **\_\_\_\_\_**

**Health history do you have:**

Asthma

Chronic airways disease

Diabetes

Heart problems

Hypertension

Mental health problems

Stroke

Other please specify: **\_\_\_\_\_**

**Allergies** Are you allergic to anything, such as medicines or foods

If yes, please state what: **\_\_\_\_\_**

**Alcohol**

Bottle of wine, 9 units

Glass of wine 175ml, 2 units

Pint of beer, 2 units

Measure of spirits, 1 unit

Alcopop or can, 1 ½ units

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please highlight your answers** |  **0**  |  **1**  |  **2** |  **3** |  **4** | **Score** |
| How often do you have a drink containing alcohol  | Never | Monthlyor less | 2-4 times/ month | 2-3 times/ week | 4+ times/ week |  |
| How many units of alcohol do you drinkon a typical day when you are drinking? |  1 - 2 |  3 - 4  |  5 - 6 |  7 - 8 | 10+ |  |
| How often do you have 6 or more (women) or 8 or more (men) standard drinks on one occasion? | Never | Less thanmonthly | Monthly | Weekly | Daily oralmost  |  |

I would like some support to reduce how much alcohol I drink YES / NO

**Violence** *If you have or are experiencing violence and would like help, please make an appointment to see a doctor or nurse*

**Stop smoking** *– please highlight your answer*

I have never smoked tobacco

I used to smoke, please specify date stopped **\_\_\_\_\_**

I currently smoke includes e-cigarettes

*The best way to stop smoking is a combination of prescribed treatment (available on the NHS), plus personalised support. Stopping smoking advice is available: please ask at reception for information on services or go to* [*https://oneyouleeds.co.uk/be-smoke-free/*](https://oneyouleeds.co.uk/be-smoke-free/) *or call 0800 169 4219*

**Other substances**

Do you use any other substances for recreational purposes? YES / NO

If so what and how often **\_\_\_\_\_**

Have you ever injected recreational drugs? YES / NO

*We have specialist advisers available at our practice please make an appointment with the doctor*

Please note that we may contact you to discuss the health information which you have given us on this form.

**Fair Processing Notice**: The information on this form will be processed according to data protection legislation on the legal basis of public task 6(1)(e) and as special category data 9(2)(h). It may be disclosed to other NHS authorities for the direct provision of healthcare or for the purpose of healthcare commissioning and planning. Please see our website for full details on how your information is stored, protected and shared.

**Note re gender recording**: The gender field in our medical records database (called System one) allows for Male and Female genders only. The system does not allow us to record other genders at this time. Nor does it allow us to omit the gender. Thank you for your understanding as this is entirely outwith our control or influence. Changing the gender marker on your medical record can be possible: please ask us for more information if you are interested to learn more as sadly it is not straightforward (the process is outside our control).

*Please turn to next page*

Dear Patient

**Your choice regarding sharing of your health records**

Electronic records are kept in all the places where you receive healthcare. Often, NHS care services can usually only share information from those records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

This service uses a secure computer system that allows the sharing of full electronic records across different NHS care services. This form is **not** about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full detailed electronic record.

We are telling you about this, as you have a choice to make. You can choose to share or not to share your full electronic record with other NHS care services where you are treated and whether we can view records held by those other services.

If you choose to make your record shareable, ***your clinical details will only viewable by clinical teams who are treating you. Each clinical team which cares for you now or in the future will ask your permission to view your shared record.*** You can also ask for part of your record to be made private – not shareable. All record accesses are recorded and auditable.

If you choose not to make your records shareable, we will respect your wishes and will do our best to make your care safe and efficient. However, ***denying the clinical teams caring for you the ability to access important clinical details could compromise your care***.

If you require further information please ask at reception. You can also visit the NHS Care records website at <http://www.nhscarerecords.nhs.uk/carerecords> or download the NHS Care Record Guarantee from <http://www.nigb.nhs.uk/pubs/nhscrg.pdf>. Our website holds more information at https://www.stmartinspracticeleeds.nhs.uk/tests-and-results.aspx?t=2

**How is my decision recorded?**  *You have two choices:*

1. Do you consent to St Martin’s Practice **sharing your medical record** with other NHS organisations caring for you, for the purposes of your direct care?
This is known as **sharing out**. Default setting: Yes

Sharing out, please highlight / circle one:

Yes (shareable) or No (not shareable)

1. Do you consent to St Martin’s Practice **viewing your medical record** shared by other NHS organisations caring for you, for the purposes of your direct care?
This is known as **sharing in**. Default setting: Yes

Sharing in, please highlight / circle one:

Yes (shareable) or No (not shareable)

Patient Name: **\_\_\_\_\_**

Date of Birth: **\_\_\_\_\_**

NHS Number (if known): **\_\_\_\_\_**

Date: **\_\_\_\_\_**