



NEW PATIENT QUESTIONNAIRE

Please fill in this questionnaire to assist the doctor/nurse on your visit to surgery.
If you have any queries, please contact the surgery for advice

Your appointment is on _____ at _____

Personal Details

Name:	Home phone Number:
Address:	Mobile phone Number:
	Previous Surnames:
	Title (please circle): Mr, Mrs, Miss, Ms, Mx or other non-binary
Postcode:	Gender Identity (please circle): Male Female non-binary decline/not stated
Email address:	Is your gender identity the same as the gender you were given at birth? (please circle): Yes No
	Marital Status:
Occupation:	Date of Birth:

Details Ethnicity and Communication Preferences

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

White British	Black/British Black
Eastern European	Asian/Asian British
Chinese	Indian
Any other mixed background	Pakistani

What is your first language?	
Do you have any other communication needs for example large print, hearing assistance, translation services?	

We send out appointment reminders by text message to patients over the age of 16. Please circle yes if you wish to receive these and no if you DO NOT want text reminders.	 yes no
---	---------------

Personal Medical History

Illnesses/Conditions:			
Operations:			
Accidents:			
Allergies:			
Any Disabilities: Please state the assistance required:			
Are you taking any medicines or tablets at present? (Please circle)	Yes	No	
If yes please list them & the dose prescribed:			
What is your height?		And weight?	

Your Health

Do you smoke? Please circle	Yes Never Ex Smoker	If Yes Pipe/cigars/Cigarettes How many per day?	
If you are an ex smoker – when did you give up?		If ex smoker Pipe/cigars/Cigarettes How many per day?	
How many units of alcohol do you drink per week?		1 unit = ½ pint beer 1 Small Glass of Wine 1 Single Spirits	
MEN		WOMEN	
How often do you have EIGHT or more drinks containing alcohol on one occasion?	a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily	How often do you have SIX or more drinks containing alcohol on one occasion?	a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?			a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily

How often during the last year have you failed to do what was normally expected of you because of drinking?		a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily	
In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested cutting down?		a. no b. Yes on one occasion c. Yes, on more than one occasion	
Do you follow a special diet?	Yes No	Give brief details	

Family Health

Have any of your family/close relatives had any of the following					
Stroke	Yes	No	Asthma	Yes	No
Heart Attack	Yes	No	Cancer	Yes	No
High Blood Pressure	Yes	No	Diabetes	Yes	No
Any other (please give brief details)					
Next of Kin				Relationship	
Next of Kin Address					
Next of Kin Telephone Number					
Are you a Carer?		Yes		No	
Name and Relationship of person Caring for:					
Do you have a Carer?		Yes		No	
Name and Relationship of person Caring for you:					
Telephone number of Carer:					
Would you like your prescriptions sending direct to a Pharmacy? If yes please nominate a pharmacy.			yes	Peak Gorsey Brigg Peak Greendale Lloyds Stubley Pharmacy	
If under 16 years of age give details of who else lives at the same address:					

Please sign and date this form

Signature:	Date:
------------	-------



Working together for better health

Family Doctor Service Registration

Patient details

Please complete in BLOCK CAPITALS as appropriate and sign

Mr Mrs Miss Ms Mx/other

Surname _____

Date of birth

First names _____

NHS
No

Previous surname/s _____

Male

Female

Town and Country
of birth _____

Home address _____

Postcode _____

Telephone number _____

Please help us trace your previous medical records by providing the following information

Your previous address in UK _____

Name of previous doctor while at this address _____

Address of previous doctor _____

If you are from abroad

Your first address where registered with a GP _____

If previous resident in UK,
date of leaving _____

Date you first came
to live in UK _____

If you are returning from Armed Forces

Address before enlisting _____

Service or
Personnel number _____

Enlistment
date _____

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

Signature of patient Signature of behalf of patient

Date ____ / ____ / ____

To be completed by the doctor

Doctors name _____

HA code _____

I have accepted this patient for general medical service

Authorised signature _____

Name _____

Date ____ / ____ / ____

PLEASE READ THE IMPORTANT INFORMATION OVERLEAF REGARDING YOUR RECORDS

Summary Care Records

The NHS introduced the Summary Care Record, which can be used in emergency care by other clinicians. The record contains information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

As a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you. Healthcare staff will ask your permission before they look at your record, except in certain circumstances for example if you are unconscious
- **No I do not want a Summary Care Record** – please visit nhs.uk/your-nhs-data-matters or ring **0300 303 5678** to inform them of your choice.

You can choose to change your mind about the Summary Care Record at anytime

What does it mean if I DO NOT have a summary care record?

Healthcare staff treating you may not be aware of your current medications in order to treat you safely and effectively.

Health-care staff treating you may not be aware of current conditions and/or diagnoses leading to delay or missed opportunity for correct treatment.

Health-care staff may not be aware of any allergies / adverse reactions to medications and may prescribe or administer a drug / treatment with adverse consequences.

If you have any questions, or if you want to discuss your choices or concerns, please telephone the NHS Care records Service Information Line on 0845 603 8510

If you remain unsure about whether or not to have a SCR please visit:
nhs.uk/your-nhs-data-matters
or ring **0300 303 5678**

Your Data Matters to the NHS

Health and Care information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

You can choose whether your confidential patient information is used for research and planning

To find out more visit: nhs.uk/your-nhs-data-matters

You can choose whether your confidential patient information is used for research and planning.

How your data is used

Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information

What is confidential patient information?

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential information and may still be used for example, to contact you if your GP practice is merging with another.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleagues and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt-out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used. If you do not want your confidential patient information to be used for research and planning, you can choose to opt-out securely online or through a telephone service

You can change your choice at any time.
To find out more or to make your choice visit nhs.uk/your-nhs-data-matters
or call 0300 303 5678



Useful Information for New Patients

Please visit our website at www.dronfieldhealth.co.uk to see the practice Privacy Notices on how we use and process your information. Please note telephone calls are recorded, details of this Privacy Notice can also be seen on the above website.

When Registering as a New Patient you will be required to present 2 items of identification, one with photo ID and another to verify your address. It is important you sign the New Registration Form

Included with the Registration Form are details of the Summary Care Record for clinicians to access your medical records and Health Care Information which is used to improve individual care and is also used for research. Please read them carefully. If you do not wish your information to be shared with either one or both you need to visit:

nhs.uk/your-nhs-data-matters or ring **0300 303 5678** to update your choice

Appointments can be made in person, telephone (01246 412242) or via the internet (*). Appointments can be booked up to 4 weeks in advance.

Self Check In Screen – when you attend for an appointment please check in at the screen to the left of the reception desk

Telephone consultations are available everyday and can be pre-booked

If you are on regular medications please provide clinical documentation so we can prescribe these items. If you do not have documentation showing these items you will need to book an appointment with a GP before you need your next prescription. Repeat Medication requests – please ring the Medicines Orderline on 01246 588860 or email ddccg.northMOLonlinerequests@nhs.net

You can nominate for your prescriptions to be sent to the pharmacy of your choice by indicating on the registration form. Patients on long term medications will be required to attend for a review at regular intervals

The Reception is open 8.00am to 6.30pm Monday to Friday. We have Free WiFi access in the Waiting Room

Please register on our website if you would like to receive regular updates by email

Full details of all services available are listed on our practice website www.dronfieldhealth.co.uk



Out of Area Registration

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may approach any GP practice, even if they live outside the practice area, to see if they will be accepted on to the patient list.

The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits.

Out of area registration (with or without home visits) is voluntary for GP practices meaning patients may be refused because they live out of area.

If your application is considered the GP practice will only register you without home visits **if it is clinically appropriate and practical in your individual case**. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way
- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend)

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we will advise you that you should seek to register (or remain registered) with a more local practice. We feel it is not in the best interest of children under the age of 5 years to be accepted for this type of registration.

If accepted but your health needs change we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

This new arrangement only applies to GP practices and patients who live in England. For further information visit the NHS Choices website (www.nhs.uk)



Working together for better health

Name: _____

Identification Provided:	Please complete as appropriate:
Passport	Passport Number:
Driving Licence	Driving Licence Number:
Utility Bill	Name of Provider:
Bank Statement	Name of Bank/ Building Society:
Other – please specify	