**NEW PATIENT HEALTH QUESTIONNAIRE**

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| **PERSONAL DETAILS**   |  |  | | --- | --- | | **Full Name:** |  | | **Date of Birth:** |  | | **Address:** |  | | **Landline:** | **Mobile:** | | **Email address:** |  | | **Occupation:** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ethnicity:** | **White or White British** |  | **Mixed (please specify)** |  | |  | **Black or Black British** |  | **Chinese** |  | |  | **Asian or Asian British** |  | **Other** |  |   **First Language:**   |  |  |  | | --- | --- | --- | | **Do you have any communication needs:** | **YES** | **NO** | | **If yes, please specify:** |  |  | |

|  |  |  |  |  |  |  |
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| **CARER DETAILS**   |  |  |  | | --- | --- | --- | | **Are you a carer for anyone?** | **YES** | **NO** | | **Do you have a carer?** | **YES** | **NO** |   **If yes, please provide their details:** |

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| **RECENTLY ARRIVED FROM ABROAD?**   |  | | --- | | **When did you arrive from abroad?** | | **Country of Origin:** | | **How long do you intend to stay in this country?** | | **Do you have a valid EHIC card?** | **YES** | **NO** | | **First Language:** |  |  | | **Do you speak/understand English** | **YES** | **NO** | | **Do you require an interpreter** | **YES** | **NO** | | **If yes, what language is required?** |  |  | |

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| **CURRENT HEALTH PROBLEMS**  **Do you suffer from or on treatment for any of the following:**   |  |  |  | | --- | --- | --- | | **Diabetes** | **YES** | **NO** | | **Coronary Heart Disease (Heart Problems)** | **YES** | **NO** | | **Chronic Obstructive Airways Disease (Chronic Lung Problems)** | **YES** | **NO** | | **Asthma** | **YES** | **NO** | | **Hypertension (High Blood Pressure)** | **YES** | **NO** | | **Epilepsy** | **YES** | **NO** | | **Mental Health Problems** | **YES** | **NO** | | **Diagnosis of Cancer** | **YES** | **NO** | | **Osteoporosis (Brittle Bones)** | **YES** | **NO** | | **Hearing Difficulties** | **YES** | **NO** | | **Visual Difficulties** | **YES** | **NO** | | **Previous Stroke (If yes, date of last stroke)** | **YES** | **NO** | | **Learning Disabilities** | **YES** | **NO** | | **Other (please specify)** |  |  | |

**CURRENT MEDICATION**

**Please list any medication you are currently taking including over the counter medicines, HRT or Contraception. (attach previous prescription slip if available)**

**DID NOT ATTEND POLICY**

**HEALTH PROMOTION AND PREVENTATIVE CARE**

**CHILDREN:**

|  |  |  |
| --- | --- | --- |
| **Is your child up to date with their childhood immunisation?** | **YES** | **NO** |

**Females between the age of 25 and 65:**

|  |  |  |
| --- | --- | --- |
| **Are you up to date with you cervical screening?** | **YES** | **NO** |
| **When was your last cervical screening?** |  |  |
| **Where was this taken?** |  |  |

|  |  |  |
| --- | --- | --- |
| **Are you currently pregnant?** | **YES** | **NO** |
| **Expected date of delivery:** |  |  |

**Please note that this practice focuses on health education and preventative care. Therefore we encourage all patients to take responsibility for their own healthcare by being up to date with childhood immunisations and cervical screening.**

**PRACTICE AGREEMENT**

**We are now operating a total triage (online/telephone) service where you will be asked to submit an eConsultation via our practice website (**[**https://www.ellisonviewsurgery.nhs.uk/**](https://www.ellisonviewsurgery.nhs.uk/)**) and we will not be pre-booking any face-to-face appointments with a GP.**

**By signing this form you are agreeing you have read and understood our terms and conditions.**

**Sign:**

**Date:**

Appointment time for our practice health care professionals is precious. Waste of appointments by patients not attending without cancelling in sufficient time to offer this appointment to someone else is taken very seriously.

**Anyone requesting to register with the practice that does not attend a face to face or answer their telephone appointment and does not cancel in sufficient time will not be accepted by Ellison View Surgery and will e asked to register with another GP practice.**

Any patients who are already registered with the practice, who do not attend an appointment and fail to cancel in sufficient time to allow it to be offered to another patient, will be sent a letter informing them of our practice policy.

If the same patient does this a second time, they will receive a letter warning them that if it does occur a third time, they will receive a letter notifying them of their removal from our practice list.

The practice will identify any patients who do not attend on a weekly basis and take appropriate action.