**NEW PATIENT QUESTIONNAIRE - ADULT**

**Welcome to Akester & Partners. Please complete this questionnaire as fully as possible. It gives us essential information about your health whilst we are awaiting your medical records.**

**Date: …………………………………..**

**Surname: ………………………………………………………………………**

**Forename: ………………………………………………………………………**

**Name known as: ………………………………………………………………………**

**Date of birth: ………………………………………………………………………**

**Marital status: Single / Married / Separated / Divorced / Widowed / Other (please**

**state) ……………………………………………………..**

**Address: ………………………………………………………………………**

**………………………………………………………………………**

**Postcode: ………………………………………………………………………**

**Email address: ………………………………………………………………….**

**Home telephone number: …………………………………………………** □

**Work telephone number: …………………………………………………..** □

**Mobile telephone number: ……………………………………....…………** □

**(Please tick preferred contact number)**

**Nominated pharmacy for collecting electronic prescriptions.**

**(MASHAM PATIENTS ONLY- THIS WILL APPLY TO YOU IF YOU LIVE WITHIN 1 MILE OF THE SURGERY, IF YOU LIVE OVER 1 MILE, YOU WILL BE DISPENSED BY THE PRACTICE)**

|  |
| --- |
| **Day Lewis Pharmacy – 11 Market Place, Masham, North Yorkshire, HG4 4DZ** |
| **Knights Mills Pharmacy - Glebe House Surgery, 19 Glebe House, Firby Rd, North Yorkshire, DL8 2AT** |
| **Rowlands Pharmacy – 31 north End, Mark Place, North Yorkshire, DL8 1AF** |
| **Boots – 27 Market Place West, Ripon, HG4 1BN** |
| **Day Lewis Pharmacy – 24 Market Place West, North Yorkshire, HG4 1BN** |
| **Morrisons Pharmacy – Harrogate Rd, Quarry Moor, North Yorkshire, HG4 2SB** |
| **Other (please specify)** |

If born outside of the UK, please states the date you first entered the UK?: …………………………………………………….

Have you ever served in the armed forces? YES / NO

If yes, please state:

Date you enlisted ………………………………….

Date of discharge ………………………………….

**Next of Kin**

Should we need to contact you urgently, or in the event of an emergency, we would be grateful if you could provide us with the following details:

Next of Kin: Mr / Mrs / Ms / Other (please state) …………………………

Name: ………………………………………….

Relationship: ……………………………………

Address: ……………………………………………………………………………………

Postcode: …………………………………………

Telephone number (s):

Home: …………………………… Mobile:………………………………

**Important information about repeat medication.**

If you are taking regular prescribed medication, please provide us with a copy of your latest repeat medication list. This can be a recent prescription or a medication print-out from your previous GP. Please note: If repeat medication information is not provided, this may delay your first request for medication.

**Ethnicity – What is your ethnic origin? (Please tick one box)**

White British □ Indian □

Other white ethnic group □ Pakistani □

Black African □ Other Asian ethnic group □

Black British □ Other ethnic group (please □

specify) ……………………….

Black Caribbean / West Indies / Guyana □

Main spoken language: …………………………………………………….

Do you need an interpreter: YES / NO

**Smoking**

I am a smoker □ (I smoke …..…. per day)

I am an ex-smoker □ (Date stopped …………..)

I have never smoked □

(If you currently smoke and are interested in quitting, your local Stop Smoking Service can support you. For details go to [www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines](http://www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines).)

**Allergies**

Are you allergic to anything (including medicines)? YES / NO

If yes, what are they:

……………………………………………………………………………………

……………………………………………………………………………………

Do you have any problems with your hearing or speech, which would prevent you from having a telephone consultation with the doctor? YES / NO

If yes, please state the nature of the problem:…………………………………

Do you have any problems with reading or writing? YES / NO

If yes, please state the nature of the problem: …………………………………

**Carer details**

If over 16 years, do you have a carer? YES / NO

If yes, please state your carers name and relationship: ………………………………………..

Are you a carer (eg. Do you look after someone with physical / mental health problems)? YES / NO

If yes, please state who you care for (and relationship): ………………………

Alcohol Screening Tool

Unit Guide

1 unit is typically:

Half pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong/premium beer, lager or cider, 440ml regular can cider/lager, 440ml “super” lager, 250ml glass of wine (12%).

The following questions are validated as screening tools for alcohol use

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AUDIT-C Questions** | **Scoring System** | | | | | | **Your Score** |
| **0** | **1** | **2** | **3** | **4** | |
| **How often do you have a drink containing alcohol?** | **Never** | **Monthly or less** | **2 to 4 times per month** | **2 to 3 times per week** | **4 + times per week** | |  |
| **How many units of alcohol do you drink on a typical day when you are drinking?** | **1 to 2** | **3 to 4** | **5 to 6** | **7 to 9** | **10+** | |  |
| **How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year?** | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** | |  |
| **Total** | | | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUDIT Questions**  **(after** completing **3 AUDIT-C questions above)** | Scoring System | | | | | Your score |
| 0 | 1 | 2 | 3 | 4 |
| How often during the last year have you found that you were not able to stop drinking once you have started? | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |  |
| How often during the last year have you failed to do what was normally expected from you because of drinking? | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |  |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **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? | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |  |
| Have you or somebody else been injured as a result of your drinking? | **No** |  | **Yes but not in the last year** |  | **Yes, during the last year** |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | **No** |  | **Yes but not in the last year** |  | **Yes, during the last year** |  |
| **Total** | | | | |  | |

**Patient Consent**

This form will be scanned into your electronic patient record. This information will be used to help the practice provide you with complete and appropriate medical care. If you leave the practice, this information will be transferred with your medical record to the new practice. Please sign below to give your consent. If you do not sign to consent, a member of the practice will contact you to discuss your options.

Signature of Patient: …...……………………………….

Print: …...……………………………….

Date: …...……………………………….

The practice uses SMS messaging to send patient appointment reminders and other appropriate clinical information. If you have provided us with a mobile number and agree to the practice sending you this information via SMS please sign below.

Signature of Patient: …...……………………………….

Print: …...……………………………….

Date: …...……………………………….

**Summary Care Records**

Akester & Partners has signed up to Summary Care Records. All patients in the Practice will have a Summary Care Record unless they opt out. If you would like any further information regarding Summary Care Records, please visit **http://digital.nhs.uk/scr/patients** or ring 0300 303 5678. You can also download an ‘opt-out’ form if required.

**Care data**

Under the Health and Social Care Act 2012 the Health and Social Care Information Centre (HSCIC) on behalf of NHS England will be able to extract personal and identifiable information about all patients in England.

**What you need to do:**

If you are happy for NHS England to direct the HSCIC to extract, store and manage / use your personal information then you need do nothing as the information will be automatically taken from our clinical system.

If you don’t wish your information to be extracted, then you MUST tick the box below and we will then block the uploading of your identifiable and personal information to the HSCIC.

□ I do not agree to the uploading of my identifiable and personal information to the HSCIC.

If you are happy for your information to be extracted and used by the HSCIC for anonymised reports but NOT shared by the HSCIC with other agencies or companies in identifiable format, please tick the box below.

□ I do not agree to the sharing of my identifiable and personal information by the HSCIC with other agencies or companies.

Print name: ………………………………….

DOB: ………………………………………...

Signed: ………………………………………

Date: …………………………………………

**ORDERING REPEAT PRESCRIPTIONS**

To reorder your repeat prescription, you can either come into the surgery and order with the receptionist, there is also the option of dropping your repeat slip (order a written slip with your personal information and details of the items you wish to order) into the secure post box outside the surgery, this is emptied daily. Alternatively, you can sign up to System Online, which you will need a username and passport given by the Practice or use the NHS app. We do not take orders over the phone.

Please allow 5 working days for your prescription be processed and dispensed by the surgery. If you provide the surgery with a mobile number and consent to reminders, you will be informed when your prescription is ready to collect. If you collect from a community pharmacy their dispensing time may vary so, please make sure you are aware of their timescale.

Do not wait for your illness to get worse, speak to your pharmacy team first!

If you are feeling ill or have a health worry, you can get help by speaking to your pharmacist. Pharmacists work in pharmacies or chemist’s shops. This might be the place you get your medicines from. They can help you there and then before your illness gets worse. They can give you advice about any minor illness or health worry.

**Why visit a pharmacist?**

Speaking to your pharmacist is the quickest and easiest way to get help and advice. You do not need to book an appointment and many pharmacies are now open for longer hours. They can quickly tell you what you need to do to get better. This might be to take a medicine the pharmacist can give you. Or they might tell you to have a few day’s rest. If they think it is something more serious, they can make sure you get the help you need. You can talk to anyone who works in your local pharmacy.

**You can ask the pharmacist about things like:**

* sore throats
* coughs, colds and flu
* tummy troubles
* aches and pains
* red eyes
* problems sleeping
* infections like athlete’s foot
* mouth ulcers
* constipation