

Carepoint Practice – New Patient Questionnaire

Where we provide Healthcare for the Whole Family

We provide a modern and dynamic service for the growing needs of our community. We work uniquely to deliver care that is specifically tailored to manage your health needs on the go. We specialise in same day Tele-clinics to ensure quick initial management of your concerns whilst giving you the convenience of not having to visit the practice. Face-to-Face clinics are also available and bookable online via Patient Access. Please see our Noticeboards or www.carepointpractice.nhs.uk for information about our practice (downloadable brochure online).

New Patients – Adult

Please complete this form in **BLACK INK**

1. Demographics

These questions have been designed to help your new GP get to know you and your medical problems.

The information you provide will be handled confidentially by your Doctor but if you are concerned about any of the questions please leave them blank. Your doctor will be happy to clarify any points. Please return the completed form to the surgery as soon as possible with your registration form.

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address: _____

Home Tel No: _____ Work Tel No: _____

Mobile Tel No: _____ ☐ I agree to be contacted via text message/Email

Email: _____

First Language Spoken: _____

*Place of Birth: _____ *Have you been in the country for more than 5 years **Yes/No**

*If **NO**, please give the date of entry to UK _____

Emergency contact and their telephone number.

Name _____ Relationship _____ Contact No _____

Are you the **main carer** for someone with a chronic health disability who is dependent on you? ☐

2. Medical History

Ethnic Origin: ☐ White ☐ Black Caribbean ☐ Black African ☐ Black Other
☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
☐ Asian ☐ Other

Height _____ Weight _____

Waist circumference (Measure circumference around belly button) _____

Do you smoke? ☐ No I have never smoked
☐ No I am an ex-smoker and stopped smoking _____ years ago
☐ Yes I smoke _____ cigarettes/cigars/tobacco a week (If you smoke and would like help to stop smoking please contact Hillingdon Council Stop Smoking Clinic)
☐ I do not wish to discuss smoking cessation with my GP

Physical activity level:

☐ Inactive ☐ Moderately Inactive ☐ Moderately active ☐ Active

Active = Exercise/Gym 2-3 times a week & busy lifestyle. The NHS recommends that to stay healthy, adults aged 19 to 64 should try to be active daily and should do: at least 150 minutes of moderate aerobic activity such as cycling or brisk walking every week and. strength **exercises** on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

Please list any **SERIOUS** illnesses, accidents or operations/admissions to hospital with dates and details. Please also list and present illnesses you may have and/or any ongoing hospital consultations/treatments.

Family History:

	Y/N	Family Member and Age
Ischaemic Heart Disease <60		
Ischaemic Heart Disease >60		
Angina in 1 st Degree Male Relative <55		
Myocardial Infarct in 1 st Degree Male Relative <55		
CVA/Stroke		
Hypertension		
Diabetes mellitus		
Kidney Disease		
Asthma		

Do you have a learning disability? **Yes/No** If so please give details

Is there any other information that you may think helpful?

3. Blood Pressure

Using the Blood Pressure machine in the waiting room, rest for five minutes before taking the average of **TWO** blood pressure readings. Then hand the slips in with this form.

	Higher Number	Lower Number	Pulse Rate
Reading 1			
Reading 2			

If you have a medical condition such as diabetes we recommend having readings below 135/85 and to do measurements every three months. If your blood pressure is higher than this on a regular basis, although you can continue to make dietary and lifestyle changes, it is essential for you to lower it and we suggest you drop in your readings so we can analyse them.

If you have no medical conditions than your readings can be below 140/90. If they are consistently above this then please make an appointment with our HCA who can look through your results and determine the next outcome.

4. FREE NHS Health Check

We carry out NHS Health Checks on anyone who is eligible (see below). This can be considered a 'MOT' to give you guidance about your health.

You will be eligible if you meet all of the following criteria, if unsure please ask one of our health advisers who will be happy to answer your questions.

1. You are aged 40 to 75 years old
2. You have **NO** pre-existing health conditions/chronic diseases (Diabetes, High blood pressure, High Cholesterol, Kidney disease)?
3. You have **NOT** had a NHS Health Check in the past 5 years?

If you answered **YES** to **ALL** of these questions, then you are eligible for an NHS Health Check. You will be given a Blood test form by the reception team. Please complete the blood test within 1 Month.

5. Cervical Smear Test (Women Only)

Have you had a cervical (cancer) Smear test? **Yes/No**

If Yes, when was this last taken? _____

Where was it done? Previous GP/Family Planning Clinic/Hospital/Private

What was the result _____

Have you had a hysterectomy? **Yes/No** If Yes please tell us when _____

Would you like to opt out of the Cervical Screening Programme **Yes/No**

6. Medication

Are you taking any medication that is **prescribed**. If so please attach proof of current medication (Repeat Prescription or Brief summary from previous GP)

NB: Please note that medications will not be authorised unless proof of medication is attached.

Do you take any other medication on a daily basis that you buy from the chemist i.e. Aspirin? **Yes/No**

Please tell us what you are taking and the dose_____

Are you allergic or sensitive to any medicines/food/animals etc.? _____

7. Electronic Prescription Service (EPS)

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from. If you want to use EPS ask someone at your GP surgery or at any pharmacy or dispensing appliance contractor that offers EPS to add your nomination for you. Nomination means you **choose** a place for your GP practice to electronically send your prescription to. **You don't need a computer to use EPS.** For more information, please visit our website.

Would you like to set up EPS **Yes/No**

If yes, please provide the name/address of the pharmacy you would like to nominate

*If you have ticked **yes** for the Electronic Prescription Service & the nomination above is left blank, we will automatically nominate you to the closest pharmacy to your address.*

8. Online Access

At Carepoint Practice, we aim to offer everyone in our care a high quality service and therefore we have made patient access available to all our patients. This is available through the [Patient.info](#) website and as a mobile app for both Android and iOS devices,

With Patient Access, you can now access our services (mentioned below) at home, work or on the move — wherever you can connect to the internet. What's more, because Patient Access is a 24 hour online service you can do this in your own time, day or night.

- Book an appointment.
- Order repeat prescriptions.
- Change your address details.

Would you like to sign up for Online Access **Yes/No**

If yes, you will be provided an online linkage key. Please visit our website for more information on how to register.

Children under 11 are able to have a parent/carer as a proxy user. Patients 11-18 are required to fill out a separate authorisation form.

9. Alcohol Screening Questionnaire

As part of keeping you healthy we would be grateful if you could complete the following questionnaire about your alcohol consumption.

How many units of alcohol do you consume per week? _____



Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 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 - 2	3 - 4	5 - 6	7 - 9	10+	
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	

Scoring:

A total of 5+ indicates increasing or higher risk drinking and is Audit-C positive.

If your score is **5 or above**, please complete the remaining full audit below.

SCORE

Further AUDIT-C questions

Questions	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 had 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 your 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	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 higher risk, 20+ possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

TOTAL

If your score is 8 or more, you may wish to make an appointment with a GP to discuss the possible impact of alcohol on your health.

I do not want to discuss my alcohol consumption with a GP ☐

10. Out of Area

If you live more than 1km away from our practice postcode, please be aware that we will no longer be able to visit you if you are unable to attend the practice. This may make it more difficult for you to access medical help when you are not well. It is not the responsibility of the practice to arrange for another doctor to visit you in these circumstances.

Should you still wish to remain registered at the practice under these terms then please complete the section below (child's questionnaire can be completed by parents)

I wish to remain registered at the practice and accept that I will not be able to ask for a home visit at my address and that the practice will not be responsible for arranging this help for me if required

Signed _____

11. Summary Care Records

Request for all clinical data to be **withheld** from the summary care record

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

Health-care 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 made aware of current conditions and/or diagnoses leading to a 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.

Questions

If you have any questions or if you wish 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 speak to reception.

I DO NOT want to share my clinical data

Please go to www.nhs.uk/your-nhs-data-matters to opt out. The GP practice can no longer opt you out.

Thank you for completing this form and joining Carepoint Practice. Please hand it to the Receptionist at Carepoint Practice who will now start the registration process.

Official Use Only - Staff Checklist

- ☐ 1. Demographics completed?
- ☐ 2. Patient Trace? SPINE patient location if previously registered to NHS GP.
- ☐ 3. Medical History completed?
- ☐ 4. Blood Pressure Readings – Two provided if applicable?
- ☐ 5. NHS Health Check eligible? If yes, request Blood tests (UE, LFT, HBA1c, Lipids - 'NHS') and code 'NHS Invitation'
- ☐ 6. Women Only – would the patient like to opt out of cervical screening?
- ☐ 7. Medication - proof provided?
- ☐ 8. EPS Nomination completed? PDS Blue
- ☐ 9. Online Access Requested? Please provide online linkage key
- ☐ 10. Alcohol Screening questionnaire completed?
- ☐ 11. Patient not within the practice boundary? If not have they signed the disclaimer?
- ☐ 12. Please code all information on EMIS with "68R2"

Initials _____

Date _____
