# Thames Avenue Surgery

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Kent
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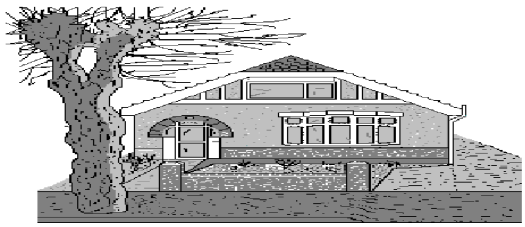

## NEW PATIENT HEALTH QUESTIONNAIRE

| | |
|---|---|
| Name | |
| Date of Birth | |
| Address | |
| Occupation | |

## General Health

1. Do you have or have you ever had any of the following:-

| | | | | | |
|---|---|---|---|---|---|
| Diabetes | YES | NO | Heart Problems | YES | NO |
| Asthma | YES | NO | Stroke | YES | NO |
| COPD | YES | NO | Epilepsy | YES | NO |
| Thyroid Problems | YES | NO | High Blood Pressure | YES | NO |

2. Have you had any serious illness or operations? If so, please list:

3. What medication are you currently taking? Please list including dosage:

4. Are you allergic to anything?

## Your Lifestyle

| | | | |
|---|---|---|---|
| Current Smoker | | Number per day: | |
| Ex Smoker | | Year stopped: | |
| Never Smoked | | | |

P.T.O

| **Alcohol Consumption** | | | | | | | | 9k17.00 9k19.11 | |
|---|---|---|---|---|---|---|---|---|---|
| How often do you have a drink that contains alcohol? | | | | | | | | | |
| Never | | Monthly or less | | 2-4 times per month | | 2-3 times per week | | 4 + times per week | |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | | | | | | | | | |
| 1 – 2 | | 3 – 4 | | 5 – 6 | | 7 – 8 | | 10 + | |
| How often do you have 6 or more standard drinks on one occasion? | | | | | | | | | |
| Never | | Less than monthly | | Monthly | | Weekly | | Daily or almost daily | |

| **Diet** | | | | | |
|---|---|---|---|---|---|
| Vegetarian | YES | NO | Vegan | YES | NO |
| Low Fat | YES | NO | Weight reducing | YES | NO |
| Other (please specify) | | | | | |

| **Exercise Grading** | | | |
|---|---|---|---|
| Exercise on a regular basis | | Exercise occasionally | |
| Do not exercise | | Physically impossible to exercise | |
| If you do exercise, please state what activity or exercise is undertaken | | | |

| **Your Family History** | | | |
|---|---|---|---|
| Blood relatives only:- please state relationship to you | | | |
| Heart Problems | YES | NO | |
| Diabetes | YES | NO | |
| Asthma | YES | NO | |
| Stroke | YES | NO | |
| High Blood Pressure | YES | NO | |
| TB | YES | NO | |
| Other serious illness | YES | NO | |

| **Carer Information** | | | |
|---|---|---|---|
| Are you a Carer? | YES | NO | |
| Name of person(s) cared for: | | | |
| Is this person at this practice | YES | NO | |

P.T.O

| Consent Preferences | |
|---|---|
| Please tick your preferred method of contact: | |
| ☐ | **Requires contact by telephone (9Nf4)**<br><br>Preferred telephone number: …….<br>(Home / Mobile / Work) *delete as necessary<br><br>**Consent to leave messages on answer phone** YES / NO (please circle) |
| ☐ | **Requires contact by letter (9NfQ)** |
| ☐ | **Requires contact by email (9NfR)** Email address: ……. |
| ☐ | **I do not have a preferred method of contact** |

| **Consent to share information with other Health Care Providers** | |
|---|---|
| To help in providing you with safe treatment when you need care in an emergency or when we are closed, do you give consent for a summary of your electronic medical record to be shared with other healthcare professionals to enable faster, easier access to essential information about you? | **YES** ☐ **NO** ☐ |

| Accessible Information Standard | |
|---|---|
| If you have a disability, impairment or sensory loss, we want to ensure that the communication you receive from us is clear and set out in a way that is easy to understand. it is therefore important that you let us know how you would like us to communicate with you, to enable you to access our services easily and freely. | |
| ☐ | **Requires information verbally (9Nf1)** |
| ☐ | **Requires written information in large format (9Nf0)** **14pt / 16pt / 18pt** |
| ☐ | **Requires contact via a Carer (9Nff)**<br>Does your carer have any communication needs? **YES** ☐ **NO** ☐ |
| ☐ | **Requires added support during a consultation**<br><br>British Sign Language / Advocate / Carer present<br>(Delete as necessary)<br>Other…… |
| ☐ | **Other communication aids**<br><br>Braille / Audio Cassette Tape / Hearing Loop / Easy Read<br><br>Other: …… P.T.O |

| Patient Agreement | |
|---|---|
| I confirm that I have read and understood the questions above and that the information that I have provided is correct. I give my consent for Thames Avenue Surgery to contact me by my chosen method of contact and also consent to the extra information contained above being recorded in my medical record.<br><br>I shall inform the surgery if my contact details change. | |
| **Signed:** | |
| **Dated:** | |

**Thank you for your time**

| SURGERY USE ONLY - ADMINISTRATION | | | | | | | |
|---|---|---|---|---|---|---|---|
| Record preferred method of contact | Record Ethnicity & main language | Record consent to share SCR information 9Nd7 / 9Nd1 | Record Patient allocated Named accountable GP 9NN60 | Record Informing patient of named accountable GP 67DJ | Record smoking status 137R 137S 1371 | Record alcohol consumption 38D4 | Is the patient a Carer ? If yes, add to Carer's register |
| | | | | | | | |

**PATIENT ETHNIC ORIGIN FORM**

*This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.*

Please indicate your first language and 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.

**Name……..** **Date of Birth……..**

**First Language** English ☐ Other ☐ If Other please specify _____

**Ethnicity**. Choose ONE section below and then tick ONE box to indicate your background.

**White**

| | | |
|---|---|---|
| British | | 9i0 |
| Irish | | 9i1 |
| Any other white background please write in below | | 9i2 |

**Mixed**

| | | |
|---|---|---|
| White and Black Caribbean | | 9i3 |
| White and Black African | | 9i4 |
| White and Asian | | 9i5 |
| Any other mixed background please write below | | 9i6 |

**Asian or Asian British**

| | | |
|---|---|---|
| Indian | | 9i7 |
| Pakistani | | 9i8 |
| Bangladeshi | | 9i9 |
| Any other Asian background please write below | | 9iA |

**Black or Black British**

| | | |
|---|---|---|
| Caribbean | | 9iB |
| African | | 9iC |
| Any other black background please write below | | 9iD |

**Chinese or other ethnic group**

| | | |
|---|---|---|
| Chinese | | 9iE |
| Any other please write in below | | 9iF |

| | | |
|---|---|---|
| Declined | | 9SD |

**Shaded areas for office use only**