NHS

HEALTH INCLUSION MATTERS NEW PATIENT QUESTIONNAIRE
Strictly Medical – In confidence

1. Introduction

Welcome to Health Inclusion Matters where our aim is to provide the highest quality health care to meet the needs of our patients by working in partnership. To process your registration we need to know about your medical history (operations, illness and medication). **Until this questionnaire is completed and returned to the surgery your registration will not be completed and delay may arise should you need to see a doctor. You will be registered with Dr Panikker.** From your responses you may be asked to attend for an appointment with a nurse or doctor for further detailed health check. At this appointment we can answer any questions that you may have including those arising from the responses you have given in this questionnaire, your health, exercise and diet.

2. Personal Details

Name: Date of Birth: Sex: MALE/FEMALE

Address:

Marital Status: S/M/D/W Ethnicity: E-Mail Address:

Telephone No: Home: Work: Mobile:

Next of Kin: Name - Telephone No:

3. Medical History

- Have you had any operations? (If yes, please list overleaf with approx dates) YES □ NO□
- Have you had any serious illnesses? (if yes please list overleaf) YES □ NO□
- Do you take any medicine or tablets regularly? (if yes please list at point 6) YES □ NO□
- Are you allergic to any medicine? (If yes please state which) YES □ NO□
- Do you smoke? (if yes how many per day) YES □ NO□
- Do you drink alcohol? (If yes how many units/week) YES □ NO□
- Do you think you drink too much? YES □ NO□
- Do you have a varied, sensible diet? YES □ NO□
- Do you exercise regularly? YES □ NO□
- If known, please state height _____ ft______ ins/____mtrs_____ cms and weight _______stone _______lbs
- Have you ever had any problems with drug dependency? YES □ NO□
- Do you or have you ever suffered from any of the following illnesses? Tick if applicable:

□ Asthma □ Diabetes □ Cancer □ Chronic Bronchitis (COPD)

□ Epilepsy □ Heart Disease/Angina/Heart Attack □ High Blood Pressure

□ Thyroid Disease or Under Active Thyroid □ Stroke/Transient Ischaemic Attack

□ Depression □ Other mental illness

………..Continued

NHS

HEALTH INCLUSION MATTERS NEW PATIENT QUESTIONNAIRE
Strictly Medical – In confidence

4. Family History

Do any members of your family suffer with any of the following? Tick if applicable:

□ Asthma □ Diabetes □ Cancer □ Chronic Bronchitis (COPD)

□ Epilepsy □ Heart Disease/Angina/Heart Attack □ High Blood Pressure

□ Thyroid Disease or Under Active Thyroid □ Stroke/Transient Ischemic Attack

□ Depression □ Other Mental Illness

5. Women Only

- Are you using any form of contraception?
  (If yes state method you are currently using) YES□ NO□

  Have you had a cervical smear? YES□ NO□

  If **yes** please state when you had your last one ______/ __/____ /

- Have you had a hysterectomy?

  (If yes please give reason) YES□ NO□

- Have you ever been pregnant? YES□ NO□
  (If **yes** when)

6. Please List all Medicines or Tablets Taken Regularly – you will need to be seen by the doctor each time you require your medication

- ……………………………………………………………………………………………
- ……………………………………………………………………………………………
- ……………………………………………………………………………………………
- ……………………………………………………………………………………………
- ……………………………………………………………………………………………

7. **Are you a carer?** YES□ NO□

8. **Name and address of last General Practitioner**

……………………………………………………………

………

………

Date ……………………………… Signature …………………………………………………… …………

NAME (Please use BLOCK CAPITALS) ………………………………………………………………………

8. Would like to register to book appointments on line YES□ NO□

NHS

HEALTH INCLUSION MATTERS NEW PATIENT QUESTIONNAIRE
Strictly Medical – In confidence

For Office Use Only

Previous Practice called for summary medical of records ☐

Patient not on Safe Treatment scheme ☐

CRI/Or local specialist service contacted ☐

Currently being prescribed ☐ Not currently being prescribed ☐

Has a New Patient Health Check been booked? ☐

NHS

HEALTH INCLUSION MATTERS NEW PATIENT QUESTIONNAIRE
Strictly Medical – In confidence

Summary Care Records

What is it?

Summary Care Records contain essential health information about any medicines, allergies and adverse reactions derived from a patient's GP record.

Benefits to NHS staff

- Essential patient information is available in an emergency situation.
- Key information in an SCR enables clinicians to make informed decisions to treat patients.
- Risk of medication duplication or conflict is minimised.

Benefits to patients

- Appropriate care received in an emergency.
- Faster assessments.
- No need to repeat information to different members of staff.
- Better, safer prescribing.
- Information is instantly available to clinicians for vulnerable people and those with communication difficulties.
- Additional information – such as end of life care plans and relevant diagnoses – may be available to inform clinical care.

If you require further information please ask at Reception. Please cross appropriate box below.

☐ **Express consent for medication, allergies and adverse reactions only.**

☐ **Express consent for medication, allergies and adverse Reactions, AND additional information.**

☐ **Express dissent (opted out) – Patient does not want a Summary Care Record.**

NHS

HEALTH INCLUSION MATTERS

National Drug Treatment Monitoring System (NDTMS) *Statistics*

STRICTLY CONFIDENTIAL

CONSENT

I consent to semi-personalised information, which does not include names and address, but does include initials, DOB, sex and part of post code, to be passed to the National Drug Treatment Monitoring System and the Hertfordshire Drug Action Team, for statistical purposes only.

Semi-personalised information will not be passed to any other agencies. This information is used to prepare anonymous data on how people receive treatment in Hertfordshire, and the outcomes of their treatment. It helps us show how well we are meeting targets to improve services, and to plan the development of new services.

YES □ NO □

All information will be kept securely and confidentially, in accordance with relevant legislation and Hertfordshire County Council & Hertfordshire Partnership Trust protocols. Your consent to share information will be reviewed on a regular basis as part of your treatment plan. In exceptional circumstances, for example where there may be children at risk, or there is a risk of harm to yourself or others, we may need to share information about you with other people/agencies without your consent.

Surgery Name: HEALTH INCLUSION MATTERS Doctor Name:

Patient Name: Number :

Signature …………………………………………………………………………..

Date ………………………………………………………………………………….

NHS

Health Inclusion Matters

Primary Care for the Homeless
87 Cassio Road
Watford
Hertfordshire
WD18 0QN

T: 01923 630 333
F: 01923 630 334

Date:

Consent to Sharing of Information

I, , date of birth: , consent to:
providing a copy of my past medical records to Health Inclusion Matters.

Signature ……………………………….

Name ……………………………………

Date ……………………………………..