

NEW PATIENT REGISTRATION QUESTIONNAIRE

Welcome to Boughton Health Centre. Before you become fully registered with us, it would be a great help if you could complete this questionnaire, sign and date it and then hand it to reception.

Name:

Address:

Tel No:

Mobile No:

Email Address:

Date of Birth:

Post Code:

Height:

Weight:

SMOKING STATUS

What is your Smoking Status?

Never Smoked / Current / Ex-Smoker

If you are a current smoker, how many per day do you smoke (on average)?

_____ Cigarettes

_____ Cigars

_____ Pipe

_____ Roll Own

We advise all patients that smoke to give up.

Please visit www.nhs.uk/smokefree or a pharmacist for more information.

EXERCISE & DIET

Do you take regular exercise?

Yes / No

If so, how many times per week?

1 / 2 / 3 / 3+

Do you follow any specific diet? (e.g. Vegetarian)

Yes / No

If so please state:

ALCOHOL (one unit of alcohol is one pub measure of spirits, one half pint of beer or lager or one small glass of wine)

How many units of alcohol do you consume each week?

.....Units per week

Please answer the questions below by putting your score in the box on the far right and adding them up.	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	

A score of 5 or more indicates increasing or higher risk drinking. You may want to consider further advice, support or assistance by speaking to specialist advisors like WDP at Aqua House in Chester 0300 303 4549

MOST RECENT BLOOD PRESSURE READING (IF KNOWN)

/	Date taken: / /20	By whom/ where:
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MEDICATION – Are you on any Medication? Yes / No

If you are on any medication, please attach a copy of your repeat prescriptions from your last surgery. We encourage all patients with repeat medication to nominate a pharmacy so you can receive your medication via the Electronic Prescribing Service (EPS). Benefits include:

- You will not have to visit your GP to collect your prescription; instead your GP will send it electronically to the place you choose saving you time.
- You will have more choice about where to get your medicines because they can be collected from a pharmacy near to where you live or shop.
- You may not have to wait as long at the pharmacy as there will be time for your repeat prescription to be ready before you arrive.

Nominated Pharmacy.....

ALLERGIES – Yes / No – Please list any known allergies in the space below:

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FAMILY HISTORY

Does any of your family suffer from the following?		Yes / No
<i>If yes, please specify the</i>	<i>family member (e.g. Mother/ Paternal Grandfather)</i>	<i>and approx. age:</i>
Heart disease		
Stroke		
Diabetes		
High Blood Pressure		
High Cholesterol		
Asthma		
Glaucoma		
Cancer		

CARERS – Are you a carer? (Please note this includes young carers age 6-18 with a caring responsibility in the home) Yes / No or Do you have a carer? Yes / No

Cared For / Carer's Name:	
Cared For / Carer's Address:	
Cared For / Carer's Contact Number:	
Cared For / Carer's Relationship to you, if any?	

NEXT OF KIN DETAILS

Name:	
Address:	
Contact Number:	
Relationship:	

IMMUNISATIONS

If you have had any holiday vaccines in the past please bring a list of these, with dates, if you can.

Are you protected against tetanus? Yes / No Date of last injection:

Please note: If you have had five tetanus injections in your life you will be covered unless you have a high risk wound. The majority of injuries such as scratches from rose bushes and grazes would be covered by the five injections.

CERVICAL SMEAR DETAILS (LADIES ONLY)

Date and result of your last smear?

Date:

Result:

ORGAN & BLOOD DOANATION – IMPORTANT INFORMATION – PLEASE READ

If you would like to register for **Blood Donation**, please visit – <https://www.blood.co.uk>

If you would like to register for **Organ Donation**, please visit – <https://www.organdonation.nhs.uk>

If you would like to register for **Blood and Organ Donation** by phone – please call 0300 123 2323

LANGUAGE – Please answer the following questions -

Please also record your first spoken language_____

Do you require an interpreter YES / NO

FREE ROUTINE TUBERCULOSIS SCREENING AVAILABLE

It is recommended by NHS England that patients from the following countries undergo free routine screening for tuberculosis. If this applies to you, please indicate your country of origin.

Afghanistan		Lao	
Angola		Lesotho	
Bangladesh		Liberia	
Bhutan		Madagascar	
Botswana		Malawi	
Cambodia		Marshall Islands	
Cameroon		Micronesia	
Central African Republic		Mongolia	
Chad		Mozambique	

Congo		Myanmar	
Cote D'Ivoire		Namibia	
Djibouti		Nepal	
East Timor		Nigeria	
Ethiopia		Pakistan	
Gabon		Papua New Guinea	
Gambia		Philippines	
Greenland		Moldova	
Guinea		Sierra Leone	
Guinea Bassau		Somalia	
Haiti		South Africa	
India		Swaziland	
Indonesia		Tuvula	
Kenya		Uganda	
Kiribati		Tanzania	
Korea		Zambia	
		Zimbabwe	

Please collect an information leaflet on free tuberculosis screening from reception.

CONSENT FOR CONTACT BY MOBILE PHONE & EMAIL

Do you give your consent for us to contact you via text for appointment reminders and recalls?	Yes / No (9NdP) / (9NdQ)
Do you give your consent for us to contact you via email with information directly related to your care?	Yes / No (9NdS) / (9Ndy)
Do you give your consent for us to contact you via email and SMS with information about our services and events, including our quarterly newsletter?	Yes / No

If you consent to be contacted in these ways please make sure that your mobile telephone number and email address are entered correctly at the beginning of this form and please ensure that you keep us informed of any changes. Thank you.

COMMUNICATION NEEDS

Do you require a British sign language interpreter?	Yes / No
Do you require any information in Grade 1 Braille?	Yes / No
Do you require any information in Grade 2 Braille?	Yes / No

If you provided any details above, do you give consent for us to share this information with other providers of NHS and social care if we ever refer you to them. **Yes / No**

DATA SHARING INFORMATION – notification to patients (please read carefully)

1. The Summary Care Record (SCR) is a national database that is intended to provide basic health information to all NHS providers who need it. Patient demographics as well as basic medical information is stored and made accessible to anyone needing it within the NHS (for example A&E and Out of Hours). An SCR is made up of the following core patient information: Medications (Acute, Repeat and Discontinued Repeat), Allergies, Adverse Reactions, End of Life decisions.

You can also choose to have other useful information added to your SCR, including:

- Your illnesses and any health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

Please select one of the following three options. If you have concerns regarding the Summary Care Record, please speak to a member of staff prior to opting out –

- *Opt in to the SCR including additional useful information* **Yes / No**
- *Opt in to the SCR excluding additional useful information* **Yes / No**
- *Opt out of the SCR completely* **Yes / No**

2. The Cheshire Care Record is collaboration between Western Cheshire CCG, the Countess of Chester Hospital, Cheshire & Wirral Partnership (including Out of Hours and Extended Hours Services), Clatterbridge Cancer Centre and Chester West and Cheshire Council. This is the local community data sharing agreement for a patient's health and social care information, and will include Test results, Allergies, Adverse Reactions, Medications, Social Information and Mental Health Information. This is to try and improve communication between different services to help plan local care, by bringing together information held on computers in Health and Social care. They are designed to give staff working in these areas faster access to relevant patient information, but anyone accessing a patient's records will have their details recorded so it's possible to see who has opened each record.

Please tick one of the following two options. If you have concerns regarding the Cheshire Care Record, please speak to a member of staff prior to opting out –

- *Opt in to the Cheshire Care Record* **Yes / No**
- *Opt out of the Cheshire Care Record* **Yes / No**

For further information about how we store and use your personal data, please refer to our Privacy Policy; a copy of which can be found on our website via privacy.boughtonhealthcentre.co.uk or available from reception.

PATIENT ACCESS INFORMATION

Patient Access allows you to securely do the following:

- a) Book/cancel an appointment with your GP/Phlebotomist/Advanced Nurse Practitioner
- b) View your Medical Records (optional)
- c) Order Repeat Medication
- d) Notify us of any changes in your contact details

1. At the time of registration you will have received a consent questionnaire for Patient Access. Once your identity has been verified, you will be given a copy of your registration details to enable you to use the service.
2. When you first go to the website (<https://.patient.emisaccess.co.uk>) you should register using the details given to you by the reception team.
3. When the registration process is complete you will be given a user ID. This user ID allows you to logon to the site and use the facilities mentioned above.
4. You should keep all of your registration details, User ID and passwords safe and you should not disclose them to anyone.
5. Please note if you wish to view your medical records, this process may take up to 12 weeks as we have to wait for your medical records to be received from your previous Practice. You will receive a confirmation email when this is active. You will still be able to book/cancel appointments, order repeat medication and notify us of changes to contact details during this time.

Thank you for your co-operation. This document will be scanned into your medical records. Please sign and date the form and return it to reception.

Signature: _____

Today's Date: _____