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:

Preferred Name:

Previous Name:

Preferred Pronouns: "(He/Him, She/Her, They/Them etc)"

Gender Identity:

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:

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:

FAMILY HISTORY

Does any of your family suffer from the following?	Yes / No	
If yes, please specify the	*family member (e.g. Mother/ Paternal Grandfather)*	*and approx. age:*
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 (If relevant)		
Date and result of your last smear?	Date:	Result:

ORGAN & BLOOD DONATION – 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 opt out of **Organ Donation,** please visit –Do not donate - NHS Organ Donation

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		Georgia		Niue	
Algeria		Ghana		Northern Mariana Islands	
Angola		Greenland		Pakistan	
Azerbaijan		Guinea		Palau	
Bangladesh		Guinea-Bissau		Panama	
Benin		Guyana		Papua New Guinea	
Bhutan		Haiti		Paraguay	
Bolivia		India		Peru	
Botswana		Indonesia		Philippines	
Brazil		Kazakhstan		Romania	
Brunei Darussalam		Kenya		Rwanda	
Burkina Faso		Kiribati		Sao Tome and Principe	
Burundi		Kora, People's Rep (North)		Senegal	
Cape Verde		Kyrgyzstan		Sierra Leone	
Cambodia		Lao		Singapore	
Cameroon		Lesotho		Solomon Islands	
Central African Republic		Liberia		Somalia	
Chad		Libya		South Africa	
China (including Tibet Autonomous Region, Hong Kong and Macau Special Administrative Regions; Excluding Taiwan)		Madagascar		South Sudan	
		Malawi		Sri Lanka	
		Malaysia		Sudan	
		Maldives		Tajikistan	
Colombia		Mali		Tanzania	
Congo		Marshall Islands		Thailand	
Congo, Democratic Republic		Mauritania		Timor-Leste (East Timor)	
Cote d'Ivoire		Micronesia		Turkmenistan	
Djibouti		Moldova		Tuvalu	
Dominican Republic		Mongolia		Uganda	
Ecuador		Morocco		Ukraine	
El Salvador		Mozambique		Uruguay	
Equatorial Guinea		Myanmar (Burma)		Uzbekistan	
Eritrea		Namibia		Vanuatu	
Eswatini (Swaziland)		Nauru		Venezuela	
Ethiopia		Nepal		Viet Nam	
Fiji		Nicaragua		Yemen	
Gabon		Niger		Zambia	
Gambia		Nigeria		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.

ACCESSIBILITY AND COMMUNICATION NEEDS (REASONABLE ADJUSTMENTS)

To help us provide you with safe and accessible care, please tell us about any support you need.

1. Information and Communication Needs (Accessible Information Standard)

Do you have any communication needs due to a disability, impairment, or sensory loss such as hearing loss or visual loss?

☐ Yes ☐ No

If yes, please describe:

Do you need support to communicate with us?

☐ British Sign Language (BSL) interpreter
☐ Language interpreter (please specify): _____
☐ Lip speaker
☐ Advocate or support person
☐ Other: _____

How would you prefer us to contact you?

☐ Phone ☐ NHS App ☐ Text (SMS)

☐ Email ☐ Letter ☐ Other: _____

Do you need information in a different format?

☐ Easy Read ☐ Large Print ☐ Braille

☐ Audio ☐ Email instead of letter ☐ Other: _____

Can we leave messages for you?

☐ Yes ☐ No

If yes, how: _____

2. Reasonable Adjustments (Access to Care)

Do you have any other needs that affect how you access GP services

☐ Yes ☐ No

If yes, please describe those additional needs here, and tick any relevant boxes below, so we know how to support you best:

Appointments:
☐ Longer appointments
☐ Appointments at quieter times
☐ Flexible booking
☐ Home visits
☐ Other: _____

Physical access:
☐ Step-free / wheelchair access
☐ Assistance moving around the building
☐ Accessible toilet
☐ Other: _____

Sensory needs:
☐ Quiet waiting area ☐ Prefer to wait outside until called
☐ Reduced noise ☐ Reduced light
☐ Other: _____

Support needs:
☐ I attend with a carer/ support person
☐ I need help understanding information
☐ Other: _____

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3. Consent

☐ I agree that my accessibility, communication needs, and reasonable adjustments can be recorded and shared with relevant healthcare staff to support my care.

This means that we can share what you tell us with other health providers, like hospitals and district nurses.

Easy Read version of Reasonable Adjustment Digital Flag by NHS England

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.

Please see the link below to opt out:
https://digital.nhs.uk/services/summary-care-records-scr/scr-patient-preference-form

ONLINE SERVICES

When you are a patient at our practice you can use the NHS App to access a range of NHS Services on a smartphone, tablet or desktop:

a) Book/cancel an appointment
b) View your Medical Records (optional)
c) Order Repeat Medication

1. When the registration process is complete you will receive an email from the surgery advising you of your linkage keys. These will need to be used when you create an account on the NHS App.

2. When you first go to the website (**www.nhs.uk/nhsapp**)you should create an account on the NHS App with your email address, mobile number and NHS Number. If you are not aware of your NHS Number, please contact the surgery. Click here.

3. You should keep all of your registration details, User ID and passwords safe and you should not disclose them to anyone.

4. If you wish to view your historical medical records (prior to the date of your registration with our surgery) you will have to complete a patient access form which can be collected from surgery, this will require two forms of identification, one being photo identification and one being proof of address. You will still be able to book/cancel appointments, order repeat medication 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:** _____