GRANGE PARK SURGERY
BURLEY IN WHARFEDALE

New Patient Questionnaire

This questionnaire forms part of the registration process for joining the practice list therefore we would be grateful if you would complete this questionnaire and return it to the practice along with your registration form. Based on the information you give us we may invite you to attend a New Patient Health Check.

Name……..... Date of Birth……Date…..…….

Telephone Number……Mobile……..
We will send you appointment reminders and health information direct to your mobile phone at the number given above, if you do not want this service please tick here ☐

Who would you like your nominated chemist to be?.....

Do you smoke? (Please circle one)

Never Ex-Smoker Vaper Current Smoker (are you interested in our stop smoking clinic) YES/NO

Do you drink alcohol? YES/NO Alcohol consumption ……units per week

Do you take regular medication, YES/NO
If yes please can you bring in your tear off slip from your last prescription from your previous GP, this will give us the information we need when processing your medication.

Are you allergic to anything?.....

Do you or any of your close family (parents, brothers, sisters) suffer from any of the following? Please tick

CONDITION	YOU	CLOSE RELATIVE
Asthma/breathing problems		
Stroke		
Heart problems		
Diabetes		
High blood pressure		

Any other chronic illness or medical problem…….....

Are you currently pregnant? YES / NO

Name of your next of kin?..... Relationship to you……

What are their contact details in the case of an emergency? .....

Please state your ethnic origin …….

If you prefer not to say, please tick here ☐

What is your preferred spoken language?..... Prefer not to say please tick here ☐

Do you require an interpreter? YES / NO

Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

☐ Yes ☐ No ☐ Prefer not to say

If yes above, what type of disability do you have? (Tick all that apply)

☐ Visual impairment
☐ Learning disability/difficulty
☐ Mental Health
☐ Hearing impairment
☐ Physical disability
☐ Prefer not to say

Are you or have ever been a veteran?
☐ Yes ☐ No

NHS England has introduced secure sharing of medical records within NHS Services. This means if you are seen by a Doctor or other Healthcare Professional in another NHS facility they can ask your permission to access your medical records, for example, if you become ill, the doctors treating you will have immediate access to important information about your health.

If you consent to share your information your clinical details will only be viewable by clinical teams treating you, if you do not consent to this please tick here ☐

If you choose not to share your information, we will respect your wishes, however denying the clinical teams caring for you the ability to access important clinical details could compromise your care.

Are you a carer ? YES / NO – if yes we may be able to refer you to the Carers Resource Team for support. To do this please come to the surgery to complete a carers registration form.

The practice runs an active Patient Reference Group and an email Patient Reference Group would you be interested in joining either group YES / NO

If yes, please supply your email address…….

THANK YOU FOR TAKING THE TIME TO COMPLETE.

FURTHER INFORMATION ABOUT THE PRACTICE AND THE SERVICES WE PROVIDE CAN BE FOUND IN OUR PRACTICE LEAFLET, ON OUR WEBSITE AT www.grangeparksurgery.co.uk OR FROM ANY OF THE TEAM AT THE PRACTICE WHO WILL BE HAPPY TO HELP.

Office Use Only Staff initials……..

New patient appointment needed YES / NO Appointment made YES / NO

Audit – C score…… Follow up needed YES / NO Appointment made YES / NO

Patient has been advised of their named GP YES/NO if yes please code Xab9D & XacWQ