



NEW PATIENT QUESTIONNAIRE

In order to register at the surgery could you please complete the attached GMS1 form & return it to the practice reception team along with 1 item of photo ID (passport, driving licence etc.) or 2 items of non-photo ID (utility bill etc.) When you register at Birtley Medical Group it is important that we gather some information about your medical history and any medication you may be taking. This information helps us offer you the best possible service so please complete as much of it as you can.

If you have an ongoing disease or are at risk of heart problems & are eligible for an NHS health check, our nursing team will contact you and invite you for an appointment.

CONTROLLED DRUGS POLICY

It is the policy of this practice not to prescribe high doses of morphine or opiates and issue repeat prescriptions for medicines which can be addictive. Examples of these drugs have CD after their name, but also include benzodiazepines, 'Z' drugs, painkillers and gabapentin. Patients taking these medicines will be contacted by a member of the pharmacy team to discuss reducing and stopping these medicines.

You will need to nominate a Pharmacy for controlled drugs to be sent by electronic prescription, please indicate your nominated pharmacy.

Nominated Pharmacy:

VISITS POLICY

We encourage patients to attend the surgery whenever possible, "Home Visits" whilst convenient actually offer a poorer standard of care compared to surgery consultations (Please see the practice leaflet or our website for more information).

However, G.P's do offer visits for:

Terminally ill patients-we have no problems at all seeing those who are at most clinical need.

Truly Bedbound patients-we have no problems seeing those who are confined to bed.

Patients who are so poorly they may come to harm if moved-we have no problems at all seeing those who are at most clinical need.

Please tick here to indicate your understanding of the visits policy.

ELECTRONIC DATA SHARING

Improvements in information technology are making it possible for us to share data with other healthcare organisations for the purpose of providing you, your family and your community with better care. For example it is possible for healthcare professionals in other services to access your record with your permission when the practice is closed. NHS Digital can request personal confidential data from G.P Practices without seeking patient consent for a number of specific purposes, which are set out in law. This is explained further in our Fair Processing Notice available from our website.

PERSONAL INFORMATION

Title (Mr, Mrs, Ms etc.)		First Name		Surname		Date of birth	
Address (Inc. Postcode)							<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White (Other) <input type="checkbox"/> Black British <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black (Other) <input type="checkbox"/> Asian British <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistan <input type="checkbox"/> Asian Bangladesh <input type="checkbox"/> Asian (Other) <input type="checkbox"/> Chinese <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Prefer not to say
NHS Number (if known)							
Home Tel			Marital Status				
Work Tel			(Circle as appropriate) Single, divorced, widow/er, live alone, live with someone				
Mobile Tel			Occupation?				
E mail							
Next of Kin Name			Next of Kin Title (Mr, Mrs, Ms etc.)				
Next of Kin Address							
Next of kin telephone number							
Next of kin relationship to patient?							
In case of emergency should we contact your next of kin?	YES		NO				
Do you consent to your medical information being discussed with your next of kin?	YES		NO				
Who else lives in your household at the moment? (e.g. wife, children, elderly relatives etc.)							
Children under 16 please state school.							
Do you require help communicating?			Yes			No	
What is your first language?							
I do not need tailored communication methods			Yes			No	
I require support via braille, large print or easy read			Yes			No	
I require communication by e mail			Yes			No	
I require communication by text message			Yes			No	
I require communication by phone call			Yes			No	
Do you require an interpreter?			Yes			No	
Do you have a hearing or visual impairment?			Yes			No	
Do you have any other impairment?			Yes			No	
Name & address of previous surgery							

ALCOHOL INTAKE

Do you drink alcohol? Yes No



IF YOU DRINK ALCOHOL, HOW MUCH?

How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	Score
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	4-6	7-9	10+	
How often have you had 8 or more units on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL SCORE	

A total score of over 5 indicates increased or higher risk drinking. An overall score of 5 or above is Audit-C positive.

SMOKING STATUS

Never smoked?

Ex-smoker?

Smoker?

Date stopped smoking:

CARERS REGISTER

A carer is anyone (Irrespective of age) who has the responsibility for the care of a person (Partner, relative or friend) who has mental health problems, learning difficulties, is physically disabled or who's health is impaired by sickness, drug or alcohol problems, or who is elderly or frail. Carers may provide a range of practical or emotional support either in their own home or in the home of the person they care for. A parent carer of a disabled child who has additional needs.

Are you a carer?	Yes		No	
If you are a carer, please give details of who you are for				
Name		D.O.B		G.P
Address: (If the person you care for does not live with you)				
Telephone number		Mobile		Email address
What illness(es) does the person you care for have?				
Does someone care for you?	Yes		No	
If the answer is yes, then please give details of your carer				
Name		D.O.B		G.P
Address of your carer				
Telephone number				
Are you able to get to the surgery to see a G.P or nurse there?				

In order to maintain accurate records, should your status change as a carer or someone who is cared for, or if someone who cares for you changes, please inform the practice so that records can be amended accordingly.

MEDICAL HISTORY

	Yes	No
Are you allergic to any drugs or medicines? (Please give details below)		
Are you allergic to anything else? (Please give details below)		
Do you have a disability? (Please give details below)		
Have you had an NHS health check in the last 5 years?		
Please list any previous serious illness, operation or accident		
Details	Year	
Details	Year	
Details	Year	
Details	Year	
Details	Year	
Details	Year	
Please list any current medical problems (Not listed below)		

EXISTING CONDITIONS

Do you have any of the following:	Yes	No
Asthma or chest problems		
Cancer		
Chronic kidney problems		
Diabetes		
Epilepsy		
Heart Problems (Arterial fibrillation, angina, previous heart attacks, heart failure)		
High Blood Pressure		
Learning Disability		
Memory Problems		
Mental Health Problems		
Rheumatoid Arthritis		
Stroke		
Thyroid problems		

DRUGS & MEDICATION

What medicines of any kind are you taking at present – whether prescribed or obtained by yourself?
State the dose and strength of the medicines, and if possible bring the bottles with you when you see the GP.

Name of drug	Strength	How many taken per day?

It would be very helpful to bring your repeat prescription side slip and mark for the attention of our pharmacy team-this will ensure your repeat medications are transferred as soon as possible to our system. For your convenience you can order your repeat medications online. Please complete the online request form (Patient Access) in your welcome pack.

FAMILY HISTORY

Has your mother, father, brother or sister suffered any of the following? (Please tick as appropriate)

	Yes	No
Asthma or chest problems		
Cancer		
Chronic kidney problems		
Diabetes		
Epilepsy		
Heart Problems (Arterial fibrillation, angina, previous heart attacks, heart failure)		
High Blood Pressure		
Learning Disability		
Memory Problems		
Mental Health Problems		
Rheumatoid Arthritis		
Stroke		
Thyroid problems		
High cholesterol		
High blood sugar		
Glaucoma		
Eczema		
Blood disorders		

FEMALE PATIENTS ONLY

Have you had any pregnancies?	If yes how many?	Date/s
Have you had a cervical smear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date/s
Would you like a cervical smear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had an abnormal smear that needed treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of hospital that treated you?	Date/s
Do you use a contraceptive? (If so which type?)	Oral contraceptive pill? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (Please specify)
If you are aged 50 or over, have you had a mammogram (Breast x-ray)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date/s
If you had a mammogram what was the result of the x-ray?		
Other comments?		

ADDITIONAL INFORMATION & SERVICES

Patient Access

Once registered for this online service, you will be able to book or cancel appointments, change contact details, nominate a pharmacy, delegate a proxy user and order repeat medication online etc. Visit the Patient Access link available on our website www.birtleymedicalgroup.nhs.uk or download the app from the following stores.



MJog provides advanced, multi-channel digital two-way messaging, that delivers appointment reminders, results, Patient Friends & Family Test surveys and health campaigns, automatically via SMS, & Email making it easier for patients to remember appointments, be advised of appointment cancellations etc.



eConsult is easy for patients, the service lets patients consult with their own surgery by completing a quick online form that is sent and reviewed by the practice. The service may direct you to self-help, pharmacy advice and local self-referral services, or following review your G.P may contact you to attend for an appointment.



Rather than wait in a queue, your prescription can be issued electronically (EPS) and sent direct to a pharmacy of your choice (You cannot phone the surgery for these), 48 hours later your medication will be waiting for you to collect, some pharmacies such as Vigo even deliver medication to your home, this is more convenient for patients and means you do not have to queue in the surgery or pharmacy while your medication is dispensed, as such we need to nominate a pharmacy for you, please state your chosen pharmacy below. (A small number of items cannot be sent in this way, those prescriptions would need to be printed at the surgery but can still be collected by the pharmacy from the surgery, please ask at reception for more information).

If you take medication regularly, please ensure that you have at least one month's supply of medication from your previous G.P practice. It can take several months for your medical records to be transferred from you old practice to your new practice.

Please tick:		Yes	No
Do you have at least one month's medication?			
Would you like to sign up for online services?			
Chosen pharmacy?			

PRACTICE USE ONLY

Height		Weight		Blood Pressure	
Lifestyle advice offered?					
Further investigations & clinical advice required?					
Comments: Additional documents issued: Out of area registration form, Summary Care Record (Additional Information), NHS Health Check Information, T41C Application for online access to my medical record.					