

# My Patient Questionnaire

(Please complete all sections as thoroughly as you can)

<b>1</b> Today's Date		..... / ..... / .....		<b>Office use only – V1.3</b>		
				Checked by: .....		
				Circle branch: HUN / DUN / SB / ST		
<b>2</b> Personal Details						
Title		Mr Mrs Miss Ms Dr Other _____				
Surname		_____				
First Name		_____		Middle Name		
Date Of Birth		..... / ..... / .....		Gender		
Marital Status		Married / Single / Divorced / Other _____				
Ethnic Origin		<input type="checkbox"/> White British		<input type="checkbox"/> African		
		<input type="checkbox"/> Nepalese		<input type="checkbox"/> Chinese		
		<input type="checkbox"/> Polish		<input type="checkbox"/> Filipino		
		<input type="checkbox"/> Other (Please specify) _____				
		<input type="checkbox"/> I do not wish to disclose my ethnic origin				
First Language		_____		Do you require an interpreter? YES / NO		
Are You Returning After Emigrating From The UK?		If Yes Please Enter The Date You Left The UK: ..... / ..... / .....				
		The Date You Returned To The UK: ..... / ..... / .....				
		The Region Of Your GP Before Leaving The UK				
<b>3</b> Contact Details		Please Tick One Box To Indicate Your Preferred Contact Method				
Home Telephone Number*		_____		<input type="checkbox"/>		
Work Telephone Number*		_____		<input type="checkbox"/>		
Mobile Telephone Number*		_____		<input type="checkbox"/>		
Email Address*		_____		<input type="checkbox"/>		
<b>*Please Do Not Provide Contact Details Unless You Are Happy To Be Contacted Via That Method.</b>						
<b>4</b> Carers & Fostering		A carer is an unpaid individual who looks after a relative, friend or neighbour who needs help due to illness, disability or in need of emotional support.				
Do you look after someone?		YES / NO		If YES who? Name: _____ Tel: _____		
Does someone look after you?		YES / NO		If YES who? Name: _____ Tel: _____		
Are you a registered foster carer?		YES / NO				
<b>5</b> Smoking Status (please tick most appropriate to you)		<input type="checkbox"/> Smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked				
		If you smoke, how many do you smoke per day? .....				
<b>6</b> Alcohol consumption		Age 16 and over				
How often do you have a drink containing alcohol?		Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	Over 4 times per week
How many alcoholic drinks do you have on a typical day when you drink alcohol?		0 to 2	3 to 4	5 to 6	7 to 8	Over 9
How often do you have 6 or more alcoholic drinks on one occasion?		Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
<b>7</b> Care/Nursing Home		Only to be completed if this registration is for anyone living in a care or nursing home				
<input type="checkbox"/> I live in a residential home		<input type="checkbox"/> I live in a nursing home				
Blood pressure		...../.....	Height	.....metres	Weight	..... kg
					BMI	.....







<b>8 Are you currently being seen by a hospital consultant?</b>			
<b>Consultant</b>	<b>Speciality</b>	<b>Hospital</b>	
<b>9</b>	<b>Current medications</b>	<i>If you are on any repeat medications you must make an appointment with a GP before your next prescription is due – please attach a list of current prescription items if you have one.</i>	
<b>10 Confirmed diagnosed allergies/adverse reactions:</b>			
<b>11 Summary Care Record</b> – Choose how much health information held by the practice will be available to other health providers including in emergencies. You will be asked for permission each time this is viewed.			
<input type="checkbox"/> Basic information (Medication and allergies only)			
<input type="checkbox"/> Enhanced information (Medication and allergies PLUS medical problems, procedures, measurements, immunisations, care preferences)			
<input type="checkbox"/> No information – I do not want a Summary Care Record			
<b>Signature Of Patient Or Parent/Guardian</b>			
<b>PRINT IN CAPITALS:</b>		<b>SIGNATURE:</b>	<b>Date</b>
.....		.....	..... / ..... /.....
<b>Practice Use Only (to be completed by member of staff registering patient)</b>			
Dispensing <input type="checkbox"/> Non Dispensing <input type="checkbox"/>		<input type="checkbox"/> In Area <input type="checkbox"/> Out Of Area	

## Extended Hours Information

As some of our patients are not able to attend daytime sessions during the working week, we now provide a number of appointments on some evenings and Saturday mornings. These can be booked by contacting the surgery during normal working hours on **01904 490532**, or via **www.myhealthgroup.co.uk**

Please note that the Practice is closed for normal services weekdays between 6pm and 8am and throughout the weekend. Extended hours surgery is for pre booked appointments only. If all appointments have been taken during the extended hours surgery we will not be able to see you until the next available routine appointment.

If you require medical advice outside our normal hours, options include:

 <p>Choking. Chest pain. Severe bleeding. Blacking out.</p>	<p style="text-align: center;"><b>A&amp;E or 999</b></p> <p>If you telephone 999 and tell the operator that there is a medical emergency, an appropriate response will be made immediately. <b>A&amp;E services should be used to treat the most serious medical cases</b>, such as loss of consciousness, heavy blood loss, suspected broken bones, persistent chest pain, difficulty breathing, overdose or poisoning.</p>
 <p>Cuts. Strains. Rashes. Sprains.</p>	<p style="text-align: center;"><b>NHS Walk-in Centre or Minor Injuries Unit</b></p> <p>An NHS walk-in centre is located at the <b>Urgent Care Centre, Emergency department, York Hospital</b> and the Castle Health Centre on York Place in Scarborough will also see walk in patients. They can treat minor injuries such as cuts, burns and fractures - any medical treatment or advice which does not need a visit to A&amp;E.</p>
 <p>Vomiting. Ear pain. Stomach ache. Back ache.</p>	<p style="text-align: center;"><b>GP (Doctor)</b></p> <p>GP practices can also treat patients for minor injuries on a drop-in basis during normal practice opening hours. Minor injuries are things like sprains, strains, wound infections and minor burns. <b>Out of surgery hours, a GP can be contacted by calling your practice's main number or by calling 0845 056 8060.</b></p>
 <p>Diarrhoea. Runny nose. Painful cough. Headache.</p>	<p style="text-align: center;"><b>Pharmacy (Chemist)</b></p> <p>Pharmacies can be found across North Yorkshire and York. To find your local pharmacy visit <b>www.nhs.uk</b> or <b>text 'pharmacy' to 64746</b>. Your local pharmacist is a trained healthcare professional and can give you advice on common illnesses and the medicines you need.</p>
 <p>Unwell? Unsure? Confused? Need help?</p>	<p style="text-align: center;"><b>NHS Direct</b></p> <p>NHS Direct offers confidential health advice and information by telephone, on the Internet and through digital TV, 24 hours a day. Call <b>111</b> or <b>www.nhsdirect.nhs.uk</b>. Contact NHS Direct if you are ill and have any questions about health. The service can also help you to find health services in your local area.</p>
 <p>Hangover. Grazed knee. Sore throat. Cough.</p>	<p style="text-align: center;"><b>Self-care</b></p> <p>Many everyday ailments like sore throats and sneezes can be easily treated at home with a well-stocked medicine cabinet with off-the-shelf products. Getting plenty of exercise and maintaining a healthy diet can help prevent illness.</p>

Please ask at reception for the "Useful numbers" leaflet to keep by your phone or search online for the NHS Yorkshire and Humber app for Android and iPhone.