

Bexley Medical Group

King Harold's Way Surgery 171 King Harold's Way Bexleyheath Kent DA7 5RF Tel: 020 8303 1127	Hurst Place Surgery 294a Hurst Place Bexley Kent DA5 3LH Tel: 020 8303 1127 Option 2	Erith Health Centre 50 Pier Road Erith Kent DA8 1RQ Tel: 020 8303 1127 Option 3
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NEW PATIENT QUESTIONNAIRE

In order for us to provide you with good quality care it would be helpful if you could complete this questionnaire regarding your personal details and medical history. Please do not forget to bring this form when you come to see our HCA for new patient health check.

Personal Details				
Preferred Title:		Full Name		
Date of Birth		Gender (Please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Do you identify as a different Gender:		What was the gender assigned to you at birth?		
Are you Trans?:		Your preferred Pronoun		
Your sexual Orientation				
Marital Status		Preferred Language		
NHS Number		Home Telephone:		
		Mobile Number:		
		Work Telephone		
Email Address				
Your next of kin details				
Next of kin name (please write in capital letters)		Next of kin/emergency contact details (please write in capital letters)		
Title Full Name		Address		
Relationship with Next of Kin		Post code		
		Telephone number/s		

***Pharmacy Details :** (name and address of preferred Pharmacy)

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Your ethnic background – please tick the appropriate box

<input type="checkbox"/> White British	<input type="checkbox"/> Black African	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Indian	Any other ethnic background – please state:
<input type="checkbox"/> White British mixed	<input type="checkbox"/> Black - any other black background	<input type="checkbox"/> Pakistani	
		<input type="checkbox"/> Any other Asian background	

Do you smoke? - please tick the appropriate boxes next to the options

<input type="checkbox"/> I have never smoked	<input type="checkbox"/> I used to smoke	<input type="checkbox"/> I am a current smoker	<input type="checkbox"/> I am a current smoker and wish to stop smoking
	Quit Date:	How many/day?	How many /Day:

Any Known Allergies:

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Family History

Cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Who?	
Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	Who?	
Heart Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Who?	
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Who?	

Medical History (Do you have any of the following conditions)

High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>

For Women Only

Date of Last Smear	
Are you currently pregnant?	

For Children (under 16): Please note without immunisation history we are unable to fully register children.

Is the child up to date with all vaccines?

Please bring the child's Redbook when you come to see the nurse/ or you can drop it in the reception.

School details:

Over 65 ?

Have you ever had a pneumococcal Vaccination

Yes No

Have you had a flu vaccine this year?

Yes No

Emis Online Access: (Up to age 16)

If you wish to register for Emis Online Access, which enables you to book appointment and request medication online Please tick on the right. You will need to collect your username and password in person from reception and we can give this information only to the patient.

I wish to register For Emis Online Access

Yes No

(please ask for the form from reception)

Do have any disability? (if yes please specify below)

Summary Care record – Your emergency Care Summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

Yes I would like a Summary Care Record

No I do not want a Summary Care Record (please ask for opt out form)

Patient Participation Group

Bexley Medical Group is committed to improving the services we provide to our patients. To do this, it is important that we hear from patients about their experiences, views and ideas for making services better. The patient participation group gives you the opportunity to do this. If you are interested in getting involved please tick the box and we will contact you

Yes I would like to join Patient Participation Group

To be completed by practice staff ONLY:

Proof of Address seen:.....

Identification Seen:.....

Date completed: Checked by:

Date: