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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | |
| Preferred Title: |  | | | Full Name | |  | | | | | |
| Date of Birth | |  | | | | | Gender  (Please tick) | Male | | | Female |
| Do you identify as a different Gender: | |  | | | | | What was the gender assigned to you at birth? | | |  | |
| Are you Trans?: | |  | | | | | Your preferred Pro-noun | | |  | |
| Your sexual Orientation | |  | | | | |  | | |  | |
| Marital Status | |  | | | | | Preferred Language | | |  | |
| NHS Number | | | | | Home Telephone: | | | |  | | |
|  | | | | | Mobile Number: | | | |  | | |
| Work Telephone | | | |  | | |
| Email Address | | |  | | | | | | | | |

Bexley Medical Group

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| 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 |

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |

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

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| --- | --- | --- | --- |
| **Your ethnic background – please tick the appropriate box** | | | |
| White British | Black African | Bangladeshi | Chinese |
| White Irish | Black Caribbean | Indian | Any other ethnic background – please state: |
| White British mixed | Black - any other black background | Pakistani |
| Any other Asian background |

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| --- | --- | --- | --- | --- |
| **Do you smoke? - please tick the appropriate boxes next to the options** | | | | |
| I have never smoked | I used to smoke | | I am a current smoker | I am a current smoker and wish to stop smoking |
| Quit Date: | | How many/day? | How many /Day: |
|  | | | | |
| **Any Known Allergies:** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family History** | | | |
| Cancer | Yes  No | Who? |  |
| Stroke | Yes  No | Who? |  |
| Heart Disease | Yes  No | Who? |  |
| Diabetes | Yes  No | Who? |  |

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| --- | --- | --- | --- |
| **Medical History (Do you have any of the following conditions**) | | | |
| High Blood Pressure | Yes  No | Stroke | Yes  No |
| Heart Disease | Yes  No | Cancer | Yes  No |
| Asthma | Yes  No | Diabetes | Yes  No |

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| --- | --- |
| **For Women Only** | |
| Date of Last Smear |  |
| Are you currently pregnant? |  |

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| --- | --- |
| **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 childs 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 |

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| --- | --- |
| **Emis Online Access: (Up to age 16)** | |
| If you wish to register for Emis Online Access, which enables you to book appointment and requestd 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) |

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| **Do have any disability?** (if yes please specify below) |
|  |
| **Are there any Reasonable adjustments that we can make to make our services more accessible for you?** (if yes please specify below) |
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| **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) |

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| **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:**