

SOUTH COAST MEDICAL GROUP

New Patient Questionnaire

Please complete in BLOCK CAPITALS and tick boxes as appropriate. Please make sure you have photo ID and proof of address with you when registering. If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

Full name:	Date of Birth:
Address:	Signature:
Telephone number:	Acceptable method of contact; Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile number:	Yes <input type="checkbox"/> No <input type="checkbox"/> Text / SMS: Yes <input type="checkbox"/> No <input type="checkbox"/>
Work number:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Next of Kin:	Relationship:
Address:	Contact telephone number:
Employment status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/>	
What is your ethnic group?	
White British <input type="checkbox"/>	Other White background <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Indian or British Indian <input type="checkbox"/> Chinese <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Pakistani or British Pakistani <input type="checkbox"/> Black African <input type="checkbox"/>
Other Asian Background <input type="checkbox"/>	Bangladeshi or British Bangladeshi <input type="checkbox"/> Black Caribbean <input type="checkbox"/>
Ethnicity unknown <input type="checkbox"/>	Prefer not to state ethnicity <input type="checkbox"/> Other:
Height:	Weight:
Blood Pressure:	

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Are you a Carer?

Yes No

If yes, please could you provide further details below of the person to whom you provide care.

Name:

Address:

Information is available for support services, contact reception.

Patient Participation Group

The Practice 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.

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.

If you would like to opt out of the Summary Care Record, please ask reception for an opt-out form.

SystemOnline is our web portal for registered patients where you can:

Book Appointments

Order Repeat Prescriptions

View your Medical records

Manage their Hospital referral documentation

We will automatically register you for access to prescription ordering and online booking of appointments.

If you would also like us to enable access to your medical records via SystemOnline, a separate form must be completed which can be obtained from reception. Please note that photographic ID will be required.

If you do not wish to have a SystemOnline account created for you at all, please opt out by ticking the box below:

I wish to opt out of SystemOnline:






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Name:

DOB:

FAST scoring key

One drink =  Half pint of regular beer, lager or cider  1 small glass of wine  1 single measure of spirits  1 small glass of sherry  1 single measure of aperitifs

For the following questions please circle the answer which best applies:

MEN: How often do you have 8 or more drinks on one occasion? Women: How often do you have 6 or more drinks on one occasion?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily

How often during the last year have you been unable to remember what happened the night before because you have been drinking?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily

How often during the last year have you failed to do what was normally expected of you because of drinking?				
0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?		
0 Never	2 Yes, on one occasion	4 Yes, on more than one occasion