

Patient Questionnaire

Name: _____

Date of Birth: _____

E-mail Address: _____

Ethnicity i.e. English, French, Indian Chinese _____

Language First Language Spoken _____

1: Smoking: Do you smoke? Yes No **Current smoker:** How many daily?

If you are a current smoker, would you be interested in our smoking cessation clinic? Yes No **Ex-smoker:** How many daily?

2: Alcohol (1 unit of alcohol is 1/2 pint of beer, 1 glass wine or 1 pub measure of spirits)

How often do you have a drink containing alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2-4 times a month	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> 4 or more times a week
How many standard drinks containing alcohol do you have on a typical day?	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 or 8	<input type="checkbox"/> 10 or more
How often do you have six or more drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily

3: Are you a carer? Yes No

4: Do you have a carer? Yes No

5: Are you a housebound patient? Yes No

6: Do you know your weight? _____

7: Do you know your height? _____

8: Do you have family history? _____

Medical Condition	Family Member	Age when problem started
Cancer		
Heart Problems		
Hypertension		

9: Do you take medication?

10. **EPS - (Electronic Prescribing System). What is your nominated Chemist?** _____
(EPS enables prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.)

11. **What is your Summary Care Record (SCR) consent?**

Consent for medication, allergies, and adverse reactions only

Consent for medication, allergies, adverse reactions, AND additional information

Dissent (opt out) – I do not want a Summary Care Record

(The NHS is changing how patient information is stored and shared in England, to provide better care for patients. SCRs provide healthcare professionals treating patients in different care settings with faster access to key clinical information.)

12. **Would you like to receive SMS appointment reminder messages?** Yes No

If yes please confirm mobile number: _____

13. **Would you like to sign up to our online patient access service?** Yes No

If yes please confirm email address: _____

(Patient access allows you to view parts of you medical records online, order prescriptions and book appointments)

14. **Do you have any significant medical conditions or have you had any operations?**

<i>Condition and Operations</i>	<i>Year Condition Diagnosed</i>

15. **Next of Kin Details**

Name: _____ **Relationship to Patient:** _____

Landline No. _____ **Mobile:** _____

Address: _____

Can Discuss Care Record: Yes No

Patient's Signature: _____

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.

We want to know if you need information in braille, large print or easy read.

We want to know if you need a British Sign Language interpreter or advocate.

We want to know if we can support you to lip-read or use a hearing aid or communication tool.

Please tell the receptionist when you arrive for your next appointment, or call us on 01642 270033 .

Thank you.