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| **HEALTH CHECK****WELCOME to****Alconbury and Brampton Surgeries.****It is our policy to invite all patients aged 40 and** **over to a brief health check.** **This consists of:** **- Blood Pressure Check** **- Urine Check** **- Measurement of height and weight (if not already known)** **- Advice on diet and exercise****This check should take no more than 10 minutes. We very much hope you will take up this offer. If you wish to do so, please make an appointment with the Health Care Assistant as soon as possible. If you need it, (for example, if you are on continuing treatment), the Health Care Assistant will ask you to make a further appointment with a doctor or she may advise you to attend one of our Health Promotion Clinics.****This check and your completed health questionnaire help us to plan your future care.****If you are on regular medication, please make an appointment with the doctor for a medication review. This applies to all age groups.****If you have any problems you would like to discuss, please do not hesitate to make an appointment with the doctor of your choice.****Alconbury Surgery: 01480 890281****Brampton Surgery: 01480 454050** |

S:\Reception\Loraine\New Patient Questionnaire 31 October 2024

**New Patient Health Questionnaire**

N/P Appt:

Welcome to Alconbury and Brampton Practice. It may take a while for your records to reach us. We would therefore be grateful if you could answer the questions below. This will help us plan care you may need before your records arrive. Do ask staff if you need any help in answering the questions. If registering your family, please fill in **ONE** form using **BLACK INK** for each member of your family, though some questions obviously do not apply to small children. There is a separate form for children aged 0-5 years

**General Information**

Surname: Title: Mr/Mrs/Miss/Ms/Other …………..

First Names: Preferred Name:

Date of Birth: NHS Number: Sex:

Marital Status:

Next of Kin Name: Next of Kin Contact Number:

Relationship to Next of Kin:

Next of Kin Address:

I give permission for ……………………………………………… who is my ……………………………..(please state relationship) to be given details of:

Results: Yes 🞏 No 🞏 Medical Information: Yes 🞏 No 🞏 Messages: Yes 🞏 No 🞏

All information Yes 🞏 No 🞏 Signed…………………………………………..…… Date: ………………

**Family History**

Have any of your immediate family suffered from the following? (Please give the age they were diagnosed)
Heart Attack: Yes 🞏 No 🞏 If YES, Which family member and date?
Diabetes: Yes 🞏 No 🞏 If YES, Which family member and date?
High Blood Pressure: Yes 🞏 No 🞏 If YES, Which family member and date?
Asthma: Yes 🞏 No 🞏 If YES, Which family member and date?
Tuberculosis: Yes 🞏 No 🞏 If YES, Which family member and date?
Stroke: Yes 🞏 No 🞏 If YES, Which family member and date?
Cancer: Yes 🞏 No 🞏 If YES, Which family member, date and type of cancer?
Other serious illness – please describe:
Are there any factors we should consider when planning your care? Eg disability, housing, ect:

**Female Patients Only**

**Have you had a cervical smear test?** Yes 🞏 No 🞏 If yes, when was your last smear?

**Have you had a mammogram?** Yes 🞏 No 🞏 If yes, when did you have a mammogram?

**Have you ever been pregnant?** Yes 🞏 No 🞏 If yes, please give details of pregnancies including dates and outcome (normal delivery, miscarriage etc)

**Do you have a contraceptive coil?** Yes 🞏 No 🞏 If yes, please give details of type / fitting date:

**Do you have a contraceptive implant fitted?** Yes 🞏 No 🞏 If yes, please give details / fitting date:

**Accessible Information Standard**

The Accessible Information Standard (AIS) is NHS England information standard to ensure that people who have a disability, impairment or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example British Sign Language interpreter

Do you require communication to be in Braille? Yes 🞏 No 🞏

Do you require communication to be in Large Print? Yes 🞏 No 🞏

Do you require communication to be in Audio Tape format? Yes 🞏 No 🞏

Do you require professional communication support ie British Sign Language or other? Yes 🞏 No 🞏 If other, please state

**Preferred Communication Method**

Please let us know your preferred method of communication

Home telephone number: Yes 🞏 No 🞏 Work Telephone number: Yes 🞏 No 🞏

Mobile telephone number: Yes 🞏 No 🞏 Email address: Yes 🞏 No 🞏

Letter to home address: Yes 🞏 No 🞏 Letter to a temporary address: Yes 🞏 No 🞏
 (please specify)No preference, any of the above methods: Yes 🞏 No 🞏

Following your registration at the Surgery, you will be registered with **Dr R Parekh or Dr K Davidson**

**Please note:** you are free to see whichever Doctor you choose within the Practice.

If you have a strong preference to change your Doctor, please let Reception know and we will change your electronic medical records accordingly.

We would like to emphasise that you do not need to see or speak to your usual Doctor in person. You are able to see or speak to any of the Doctors in the Practice in the usual way.

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|  |  Alconbury & Brampton Surgeries **Alconbury Surgery, School Lane, Alconbury, Huntingdon, Cambs, PE28 4EQTel 01480 890281****Brampton Surgery, 69 Miller Way, Brampton, Huntingdon, Cambs. PE28 4RUTel 01480 454050****Email:** cpicb.genericalconburybramptonsurgeries@nhs.net  |

**Dr D P Outram Dr M Bhimpuria Dr S Patel Dr L Thompson Dr D P Rea
Dr E Kiseleva Dr F Bhatt Dr SJ Pollock Dr R Parekh Dr P Verma
Dr B Uszycka Dr K Davidson**

**Melanie Gearing – Practice Manager**

Dear Patient,

From time to time, the practice is approached by various organisations carrying out medical research and we are asked if we know of any patients with a particular medical problem who may like to participate in medical research.

Before making this decision, please be assured that we will not divulge any personal details, including any past medical history to a third party without your explicit consent.

If you would like to **OPT OUT** from participating in a medical research project, please complete the enclosed slip and return this to the surgery.

Yours faithfully,

Dr. Duncan Outram

======================== Please Tear Here ========================

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I would like to **OPT OUT** from participating in medical research.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(EMIS admin opt out code )**



Albram Patient Reference Group

* Would you like to have a say about the services provided at Alconbury and Brampton Surgeries?
* We would like to hear your views and contact you every now and again to ask you a few questions.

Complete the details below and return to the Surgery Reception. We will add you details to our virtual patient group, or visit [www.alconburyandbramptonsurgery.co.uk](http://www.alconburyandbramptonsurgery.co.uk), and follow the instructions to sign up and have your say!

………………………………………………… ✂ ………………………………………………

If you’re happy for us to contact you periodically by email to ask your views, please leave your details here:

|  |
| --- |
| **Name:** |
| **Email Address:** |
| **Postcode:** |

Please supply the following information which will enable us to ensure our contact list is representative of our local community.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you:** | **Male** |  | **Female** |  | **Gender Neutral** |  |
| **Age:**  | **Under 16** |  | **17 – 24** |  | **25 – 34** |  |
| **35 – 44** |  | **45 – 54** |  | **55 – 64** |  |
| **65 – 74** |  | **75 – 84** |  | **Over 84** |  |

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| --- | --- | --- | --- |
|  | **White** |  | British |
|  |  | Irish |
|  |  | Other |
|  | **Mixed** |  | White and Black Caribbean |
|  |  | White and Black African |
|  |  | White and Black Asian |
|  |  | Other |
|  | **Asian or Asian British** |  | Indian |
|  |  | Pakistani |
|  |  | Bangladeshi |
|  |  | Other |
|  | **Black or Black British** |  | Caribbean |
|  |  | African |
|  |  | White and Asian |
|  |  | Other |
|  | **Chinese or other ethnic group** |  | Chinese |
|  |  | Other |

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| How would you describe your attendance at the Practice. I visit: | Regularly |  | Occasionally |  | Very Rarely |  |

Our virtual Patient Reference Group mailing list is managed by the Practice using a platform incorporated into the Practice website. This is supplied by ‘mysurgerywebsite’ and will contact demographic information and email address you provide us within the Patient Group mailing list. This will be used lawfully, in accordance with GDPR and does not include and health related data. If you’d like to be involved, but do not have access to email, please provide your postal address here: