

## Avon Road Surgery Pre-registration Questionnaire

<https://www.avonroadsurgery.nhs.uk/>

### PLEASE COMPLETE CLEARLY IN BLOCK LETTERS.

All new patients are requested to complete a health questionnaire. It helps us to understand you better prior to your full medical records arriving from your previous doctor. All information given on this form is kept strictly confidential and revealed to no-one without your permission.

Questions marked with an \* must be completed.

### Patient Details

Title: Mr Mrs Miss Ms Dr Other
NHS No:
Surname:
Previous Surname:
First Names:
Date of Birth:

Sex:	Male	Female
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First Spoken Language:
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Town and Country of Birth*
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Address*
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City*		Postcode *	
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Country*
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Telephone Number:*
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Email Address:
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Mobile Number:
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**Please help us trace your previous medical records by providing the following information:**

Your previous address in the UK\*

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City*		Postcode *	
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Country*
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Name of doctor while at that address \*

Address of your previous doctor\*

City:

Postcode \*

Country

**If you are from abroad:**

If previously resident in the UK, date of leaving

**Date entered the UK\***

## Supplementary Questions

### Demographics

**Marital Status:\***

- ☐ Single, never married ☐ Married ☐ Civil Partnership ☐ Divorced ☐ Widowed  
☐ Separated

**Which of the following options best describes you?\***

- ☐ Heterosexual or Straight ☐ Gay or Lesbian ☐ Bisexual ☐ Prefer not to say  
☐ In another way

**Sex and gender identify – Which one of the following best describes you?\***

- ☐ Male (including trans men) ☐ Female (including trans women) ☐ Non-binary  
☐ Prefer not to say ☐ In another way

**Is your gender identity the same as the gender you were given at birth?\***

- ☐ Yes ☐ No ☐ Prefer not to say

**Please specify the ethnic group you consider you belong to\***

- ☐ English      ☐ Welsh      ☐ Scottish      ☐ Northern Irish
- ☐ British
- ☐ Irish      ☐ Gypsy or Irish      ☐ Traveller
- ☐ Any other White background
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / Multiple ethnic background
- ☐ Indian      ☐ Pakistani      ☐ Bangladeshi
- ☐ Chinese      ☐ Any other Asian background
- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background
- ☐ Arab
- ☐ Any other ethnic group
- ☐ Prefer not to say

**What is your main religion?\***

- ☐ No religion
- ☐ Christian (incl. Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other religion

**Communication Needs**

**Do you speak English?\***

- ☐ Yes
- ☐ No

**Do you read English?\***

- ☐ Yes
- ☐ No

What is your main spoken language\*

Are you a British Sign Language user?\*

- ☐ Yes
- ☐ No

### Disability

Do you have an impairment health condition or learning difference that has a substantial or long term (over a year) impact on your ability to carry out day to day activities? (tick all that apply)

- ☐ No known impairment, health condition or learning difference
- ☐ A long standing illness or health condition: (tick as applicable)

Diabetes	
Dementia	
Epilepsy	
Asthma	
High Blood Pressure (Hypertension)	
Heart Attack	
Chronic Lung Disease (COPD)	
HIV	
Cancer	
Angina	
Stroke	
Hypothyroidism (Underactive Thyroid)	
Osteoporosis	
Other	

- ☐ A mental health impairment: (tick as applicable)

Depression	
Schizophrenia	
Anxiety disorder	

- ☐ A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- ☐ A learning difficulty
- ☐ Neuro-diverse e.g. dyslexic, dyspraxic or AD(H)D
- ☐ Deaf or hearing impaired
- ☐ Blind or have a visual impairment uncorrected by glasses
- ☐ An impairment, health condition or learning difference that is not listed above
- ☐ Prefer not to say

Do you have any specific information or communication needs? If so, please specify how we can meet these for you (e.g, large print, Braille, easy read communications):

### **Armed Forces**

Have you served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas?\*

- ☐ Yes
- ☐ No

### **Do you have access to secure housing?**

- ☐ Yes
- ☐ No

### **What is your current immigration status?**

- ☐ Asylum Seeker
- ☐ Failed Asylum Seeker

### **Carers**

Do you have caring responsibilities?

- ☐ None
- ☐ Primary carer of a child/children (under 18)
- ☐ Primary carer of disabled child/children
- ☐ Primary carer of disabled adult (18 and over)
- ☐ Primary carer of older person
- ☐ Secondary carer (another person carries out the main caring role)
- ☐ Prefer not to say

Do you have a carer?	Yes/No
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If Yes, please give name and contact details of your carer

## Emergency Contact

First

Last

Relationship to you\*

Contact Number

### Are they your next of kin?

- ☐ Yes  
☐ No

Do you give us permission to discuss your medical records with them?

- ☐ Yes  
☐ No

### Smoking Status/Height/Weight/Exercise\*

Have you ever smoked?	Yes/No
Do you currently smoke?	Yes/No
If Yes, how many per day?	
If you are an ex smoker when did you give up?	
Would you like advice on how to give up?	Yes/No
Weight	
Height	
How much exercise and what type of exercise do you do per week?	

### Drinking

For the following questions please tick the answer that best applies.

1 drink = ½ pint of regular beer/lager/cider or 1 glass of wine (175ml) or 1 single measure of spirits.

Do you drink alcohol?	Yes/No			
1. How often do you have a drink containing alcohol?*				
Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many units of alcohol do you drink on a typical day when you are drinking?				
1 or 2	3 or 4	5 or 6	7 or 8 or 9	10+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you have 6 units (if you are female) or 8 units (if you are male) or more on one occasion in the past year?

Never

☐

Monthly  
or Less

☐

Monthly

☐

Weekly

☐

Daily or almost daily

☐

Do you have any significant family history we should be aware of?\*

### Medical History

Major Illnesses, please include dates: \*

Family History Illnesses, please include dates: \*

Current Medication:\*

We routinely offer HIV screening would you be interested in being screened?\*

☐

Yes

☐

No

Sight\*

☐

Good

☐

Poor

☐

Registered Blind

Hearing\*

☐

Good

☐

Poor

☐

Partially Deaf

☐

Deaf

### Over 75 years old?

The department of Health has advised that all patients of 75 years and older have a named and accountable GP to oversee their care.

Please ask the name of the GP assigned to oversee your care.

Please note that this does not prevent you from seeing the GP of your choice.

## Allergies

Do you have any allergies?\*

☐

Yes

Please list your allergies:

☐

No

## Important Registration Information

For anyone aged 16 and over, we offer online services for appointment booking and repeat prescription ordering. This is the quickest and easiest way to order your medication. Once registered, you will also be able to view your summary record, detailing current medication, allergies and vaccinations.

You will soon receive an email from the practice with your log in details.

These are confidential: It is your responsibility to ensure they can be received securely by email.

Prescriptions are sent electronically to your nominated pharmacy. We will automatically nominate the pharmacy closest to your post code as part of your registration. If you prefer to use a different chemist please contact the practice to sign up for the Electronic Prescribing Service

## Summary Care Record

This record will contain summary 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 you with 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 away from home, healthcare staff treating you will have immediate access to important information about your health.

Do you consent to having a Summary Care Record?

☐

Yes

☐

No

## Your Medical Information – Sharing Your Data

Under the General Data Protection Regulations (GDPR), we have a responsibility to keep your medical records confidential. We need your consent to share this with other authorised health professionals involved in your care or in planning your care. You can find more information on the website at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters).

Please see the privacy notice on our website for more information on how your data is held and used by the practice.

The NHS wants to make sure you and your family has the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England.



There are very strict rules on how this data can and cannot be used, and you have clear data rights. We are committed to keeping patient information safe and will always be clear on how it is used.

You can choose whether or not your confidential patient information is used for research and planning.

If you do not wish your information to be used in this way please opt-out by visiting [NHS: Your Data Matters](#) or by calling 0300 303 5678. The practice is unable to record this for you.

### **NHS Organ Donor registration**

For more information on organ donation please visit: [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)

### **NHS Blood Donor registration**

If you would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood, please visit their website on: [www.blood.co.uk](http://www.blood.co.uk) or call direct on 03001232323

### **What happens to my information?**

Personal and medical information about patients registered at this practice are primarily kept electronically, although some is kept in paper form. Some information will be sent to hospital consultants and other health professionals to whom you are referred by your GP in order to provide continued healthcare and obtain treatment for you.

We sometimes use accredited suppliers for our communication with you, for example when we send recall letters for review clinics or medication reviews. All suppliers we use are checked carefully to ensure they comply with strict confidentiality protocols.

To ensure the security of all patient information, all staff that has access to your records is covered by confidentiality clauses in their contracts and the Data Protection Act and the Freedom of Information Act. Our guiding principle is that we hold your records in strict confidence.

☐ I certify that the information I have provided is correct and consent to my personal and medical Information being used as stated above.

### **Signature**

Signature..... Date:.....