

New Patient Questionnaire

Welcome to Kingstone Surgery

We are a rural general practice situated just south west of Hereford, near the Welsh border, and we focus on providing personal traditional family medicine of the highest standard, whilst endeavouring to cope with the changes and demands of the new NHS. We try to provide prompt and appropriate access to the clinicians working at the surgery and genuine continuity of care.

All patients are assigned a named doctor who is responsible for co-ordinating their medical care. However, you can see any doctor you want and can ask to have your "named doctor" changed in the future if you wish.

For more information please visit our website: www.kingstonesurgery.co.uk

Please complete the following questionnaire in as much detail as possible to allow us to best meet your needs.

Name and Contact Information			
Title		Preferred pronoun	
Surname		Address	
Forename(s)			
Date of Birth			
Phone number - Home			
Phone number - Mobile		Post code	
Do you consent to being contacted via text message? Please ensure we have your up to date mobile number. <i>'Consent given for communication by short message service text messaging' or 'declined consent...'</i>			Yes / No
NHS Number (if known)		E-Mail	
Do you consent to being contacted by email? <i>('consent given to communication by email' or 'declined ...')</i>			Yes / No

Ethnicity					
White	British		Black or Black British	Caribbean	
	Irish			African	
	Other (please specify)			Other (please specify)	
Asian or Asian British	Indian		Mixed	White & Black Caribbean	
	Pakistani			White & Black African	
	Bangladeshi			White & Asian	
	Other (please specify)			Other (please specify)	
Other	Chinese		Other	Other (please specify)	
Please state first language if not English					

Alcohol	Please circle as appropriate				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 + units if female, or 8 + if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Medications: We are a dispensing practice and supply medication for all patients living more than one mile from their nearest chemist. We hope you will use this service. We operate a system for **online repeat** prescriptions which will also allow you to book some of the available doctor appointments online. You can do this via the NHS app online <https://access.login.nhs.uk/enter-email> or by downloading the NHS app on your phone.

Do you want to share your personal information with the following? (please circle Yes to share, or No to opt out of sharing)			
Summary Care Record <i>(opt out 'express dissent for Summary Care record' 9Ndo)</i>		Yes / No	
Information about your medications and allergies could be seen by staff in hospitals all over the country. You would have to be asked at the time and you could say no if you wish. More information is available at http://www.nhscarerecords.nhs.uk/ .			
Confidential Patient Information: national data opt-out <i>('dissent from secondary use of general practitioner patient identifiable data')</i>		Yes / No	
A national data opt-out means confidential patient information being shared for purposes other than your individual care. Please refer to the enclosed 'Your data matters to the NHS' leaflet for details or www.nhs.uk/your-nhs-data-matters of how your data is used and how you can opt-out. For type 2 opt out (ie hospital record opt out), you must opt out yourself by completing the online data opt out form.			
Local Health Record Network (Herefordshire shared care record)			
This is a local scheme to share information about you and your medical conditions within the county, at out of hours centres and the County Hospital as a 'shared care record'. We support this system. You must opt out on the ICB website https://herefordshireandworcestershireccg.nhs.uk/health-services/shared-care-record			
Further Information (please complete as appropriate)			
Do you Smoke?	Yes / No	Do you take medication? (please list below)	Yes / No
If so, Cigarettes/Pipe/Cigar/Other		1	
If so, Amount per day		2	
Would like help with quitting? If so contact the healthy lifestyles team on 01432 383567	Yes/No	3	
Do you have Allergies? (please list below)	Yes / No	4	
1		5	
2		6	
3		7	
Are you a military veteran?	Yes / No	8.	
Are you an assistance dog user? <i>('uses assistance dog')</i>			Yes / No
Do you have any sensory impairment (speech/hearing sight?)			Yes / No
Do you provide unpaid care to a family member or friend? Can we make an entry to your records to say you are a 'carer' <i>(#carer)</i>			Yes / No
Signature:		Date:	

For office use

Date entered on Emis		Entered by		Patient number	
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