# New Patient Questionnaire Adults 16+

# Please complete ALL questions

**We are improving how we communicate with patients. Please let us know if you need any other information in a different format or any other communication support**

It is important that we have your **correct Name and Address**, so that we can operate an efficient filing system. We would be grateful if you would take the time to complete the form below as fully as you can. If in the future any of these details change, please let us know. **This questionnaire NEEDS to be completed in full before registration can go ahead.**

**Are you a Military Veteran? Yes No**

**Surname:…………………………………………………………………………………………………………………………….**

**Forename(s):……………………………………………………………………………………………………………………….**

**Email Address:……………………………………………………………………………………………………………………..**

**Date of Birth: …… / …… / ……..**

Preferred contact preference: Please circle one or more **EMAIL TELEPHONE TEXT MESSAGE LETTER**

***Ethnic Origin:*** *(Please tick appropriate)*

British □ Irish □

White & Black Caribbean □ White & Black African □

White & Asian □ Indian □

Pakistani □ Caribbean □

African □ Chinese □

Bangladeshi □ Other □

Not wishing to give information □

If other please state:……………………………………………………………….

**Main Language:** (Please tick appropriate)**Please circle YES or NO if you require an interpreter**

English □ Polish □ Hindi □

Punjabi □ German □ Italian □

Urdu □ Thai □ Czech □

British sign language □

Not wishing to give information □

If other please state:……………………………………………………………….

**Height**:………………………. **Weigh**t:…………………..

**Do you smoke** ? **Yes / No**

If yes how many per day:-…………………………….. Cigarettes:………………….

Electronic cigarette user/vaping: yes no

Do you have any allergies?...................................................................................................

Significant Medical Problems?..............................................................................................

**Alcohol Screening - Please circle most relevant Answer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring System**  **0 1 2 3 4** | | | | |
| How often do you have a drink that contains alcohol? | **Never** | **Monthly or less** | **2-4 times per month** | **2-3 times per week** | **4+ times per week** |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | **1 -2** | **3-4** | **5 – 6** | **7 – 9** | **10+** |
| How often do you have 6 or more standard drinks on one occasion? | **Never** | **Less than Monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |

**IMPORTANT - Please give details of Patients Next of Kin**

Name: …………………………………………………………………………………………

Address: ……………………………………………………………………………………..

Telephone Number: ……………………………………………………………………

Relationship: ……………………………………………………………………………….

Signature: ……………………………………………………………………………………

**Are you a carer (please circle) Yes No**

**If yes please ask at reception for a carers form**

**Agreement to Practice Guidelines for the use of EMIS ACCESS**

**Emis access will allow you to view and order medications, book appointments (current restrictions apply due to covid) – if you require access to further information other than the above from your medical records please request this in writing**

Patient Name:………………………………………………………….. DOB: ……………………………………….

Contact Phone Number: ………………………………………………………………………………………………………..

Email address:……………………………………………………………….................................................

I have understood and will adhere to the practice guidance for the use of EMIS Access. I understand that failure on my part to adhere to the guidance may result in my EMIS Access registration being terminated. I understand that this will in no way affect my registration with the practice.

Booking Appointments/Request Repeat Prescriptions

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you someone else to access your online records on your behalf please request a proxy**

**access form – available at reception**

**PATIENTS CURENT CONSENT PREFERENCE**

**(IMPLIED CONSENT FOR MEDICATION, ALLERGIES AND ADVERSE REACTIONS -SHARE WITH OTHER HEALTH PROFESSIONALS eg out of hours)**

**Please select one option only**

|  |
| --- |
|  |

1. EXPRESS CONSENT FOR MEDICATION, ALLERGIES AND ADVERSE REACTIONS ONLY
2. EXPRESS CONSENT FOR MEDICATION, ALLERGIES AND AVERSE REACTION AND

ADDITIONAL INFORMATION

|  |
| --- |
|  |

1. EXPRESS DISSENT (OPT OUT) – YOU DO NOT WANT A SUMMARY CARE RECORD

|  |
| --- |
|  |

Signature of/on behalf of patient…………………………………………………………………………………..

Date………………………………………………………………………………………………………………………………

**Please check you have completed ALL questions on this form as registration will not be delayed**

**PLEASE ENSURE YOU HAVE A SUPPLY OF ALL REGULAR MEDICATION TO COVER YOU WHILE YOUR RECORDS ARE TRANSFERRED**

**If you have any repeat medications please provide an updated list**

Our practice has a zero tolerance policy physical or verbal towards any member of staff

**The practice is looking for patients to join the Patient Participation Group.**

**If you are interested please ask at reception for more details.**

**Broadway, Bushbury, Wolverhampton**

**WV10 8EA**

**Telephone No. 01902 721021**

[www.prestburymedicalpractice.co.uk](http://www.prestburymedicalpractice.co.uk)

Practice emailaddress **–** [m92009wolverhampton@nhs.net](mailto:m92009wolverhampton@nhs.net)

The Freedom of Information Act gives you the right to request information held by a public sector organisation.

Unless there’s a good reason, the organisation must provide the information within 20 working days.

Please contact Elizabeth McAndrew – Practice Manager There may be a charge for this information.

|  |  |
| --- | --- |
| |  | | --- | | **PRESTBURY MEDICAL PRACTICE** |   PRACTICE  LEAFLET  Information for Patients |

Dr Clyde Luis (m)

Dr Cyndylan Pillay (m)

Dr Shahid Rafiq (m)

Dr Jane Cox (f)

Dr Daniel Ndukwe (m)

Dr Mohammed Kazi (m)

Dr Khatiga Rauf (f) - Salaried GP

Dr Kathryn Matthews (f) – Salaried GP

Dr Shabana Arshad (f) – Salaried GP

(m) = male / (f) = female

Practice Manager Elizabeth McAndrew

Clinical Manager Martin Holmes

**OPENING TIMES**

**Telephone lines open at 08.00 am –Monday-Friday, 09.00am Saturdays**

**Mon:** 8:30 - 18:30

**Tue:** 8:30 - 18:30

**Wed:** 8:30 – 18:30

**Thu:** 8:30 – 18.30

**Fri:** 8:30 - 18:30

**Sat:** 9.00 – 13.00

**Sun:** Closed

**Telephone -** Appointments, Emergencies, Visits and out-of-hours: 01902 721021

**APPOINTMENTS**

All surgeries are by appointment, and can be made in person or by telephone. **Please call the surgery as normal and reception staff will handle your enquiry as appropriate. Patients will be offered an appointment or a telephone consultation, dependent upon their needs. We appreciate your co-operation and support whilst we implement this new process.** We also provide web-booking facilities using Patient Access. Please speak to reception staff for necessary information. If you are unable to attend for your appointment please let us know so that we can offer this to another patient.

**URGENT APPOINTMENTS**

We have urgent appointments each day for the GP’s. Each day one Doctor is on Duty for all urgent requests. *(Urgent appointments are not for Repeat Prescriptions, fitness for work certificates or for signing forms).*

**Alternative Clinical Roles**

We have a number of alternative clinical roles who are available who can deal with all minor ailments may be able to help you without the need to see a GP, please ask reception for further information.

**HOW TO REGISTER AS A PATIENT**

If you are new to the area and are seeking to register with one of our GP’s please ask at our Reception. If you know your National Insurance number, then please bring this along with you. We also require proof of ID and address. Suitable forms can be confirmed by Reception.

**HOME VISITS**

Home visits should only be requested for those who are unable to come to the Surgery because of serious illness and infirmity. They should be requested before 10.30. Whenever possible we prefer to see you at the Surgery; if you do not feel well enough to sit in the waiting room we can make alternative arrangements. Requests for visits after 10.30 will be taken by the Duty Doctor.

**PRESCRIPTIONS**

**ROUTINE**— requests for repeats prescriptions will be dealt with within 72 hours. These are requested by posting your prescription order slips in the boxes provided within the reception area or requesting on-line.

**URGENT** - requests for urgent prescriptions will be ready to be collected on the same day providing a doctor is available to sign.

**CHAPERONES**

All patients are entitled to have a chaperone present for any consultation. Please request this at the time of booking or speak to your GP*.*

**OUT OF HOURS**

If you have an urgent problem when the surgery is closed, please ring the usual surgery number and your call will be answered by the Out of Hours service. Please note that your telephone conversation may be recorded. At the weekend, surgeries are held at Broadway, Bushbury for pre-booked appointments only. At any other time ring our usual telephone line as mentioned above and follow the instructions given on the answer machine. There is also a local walk-in centre. The nearest is Phoenix Centre, Parkfield Road, Wolverhampton, WV4 6ED. Telephone number 01902 444677 or the Urgent Care Centre at New Cross Hospital, Wolverhampton Road, Wolverhampton, WV10 0QP, which is open 24 hours.

**Other numbers you can use in an emergency**

**NHS 111 service – free of charge please call 111 from any phone. www.nhs.uk**



**DISABLED ACCESS**

Disabled Access suitable for wheelchairs. Disabled toilets facilities are in waiting room area.

**TEACHING & RESEARCH**

As a Teaching Practice, medical students spend part of their training with us from Birmingham University. The Practice is also involved with medical research. We would value your co-operation with both of these, but we understand if you do not want to be involved.

**DATA PROTECTION**

All information held about patients is completely confidential. The Practice is registered under GDPR. Please see our leaflet “GDPR - how we use your information”.

**OTHER LEAFLETS**

You will find a wide variety of Practice Leaflets which will inform you of all the services that we provide for our patients.

To obtain information regarding services available in Wolverhampton, please contact Wolverhampton Commissioning Group on 01902 444878

**COMPLAINTS**

We aim to provide a friendly and professional service but if you have any complaints please contact the Practice Manager. Please refer to our complaints and comments leaflet.

NHS England contact details are:

NHS England, PO, Box 16738, Redditch, B97 9PT. Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net). Telephone: 0300 311 2233

**ZERO TOLERANCE POLICY**

The Practice operates a Zero Tolerance Policy and will not tolerate any level of abuse or threatening behaviour towards staff, in any form, including the use of social media. Patients who abuse staff under the terms of this policy face being removed from the Practice list.