

**The Quintin Medical Practice
Hawkswood Road
Hailsham
East Sussex BN27 1UG
Tel: 01323 845669 esxccg.qmc@nhs.net**

New Patient Registration Questionnaire

Full name:		Date of Birth:	
Address (including postcode):			
Daytime telephone number:			Mobile telephone number:
Preferred contact number:	Daytime	Mobile	(please circle)

Name & Address of previous GP:-	
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Next of kin names:		Relationship	
Address (including postcode):			

Occupation (past if retired):		Country of Birth:	
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Main language spoken:	Interpreter required	Yes / No
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Do you have a disability (e.g. physical/learning)	Yes / No
If Yes – what additional support/assistance do you require?	

Marital status:	Married	Single	Widowed	Divorced	Civil Partnership
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Are you a carer for a relative / friend / neighbour?	Yes / No	If yes please state relationship:	
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If the person you care for is registered at this practice please give their details:			
Do you have a carer?	Yes / No	If yes are they registered at this practice?	Yes / No
If Yes please give their details:			
If no please give their name, and full contact details:			

Known Allergies:	
Previous surgical procedures:	
Previous medical conditions:	

Do you smoke?	Yes / No / Ex-smoker	Passive smoker? Yes / No	If yes, how many per day & what?	
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Alcohol consumption:

Q1. How often do you have a drink containing alcohol?		Q2. How many units of alcohol do you drink on a typical day when you are drinking?		Q3. How often do you have six or more units (if female) or 8 or more (if male) on a single occasion?

Exercise:

Do you exercise regularly?	Yes / No			
Do you take regular exercise E.g. 20 mins brisk walking, 1 / 2 / 3 times per week?			Yes / No	
If no, why is that?				

Diet:

What is your diet like?	Very good	Good	Reasonable	Poor
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Immunisations:

When did you last have a tetanus injection?			
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Family history:

Have any of your close relatives had:			
If yes to any give details of relationship and age	Angina	Heart attack	Stroke under age 60
Other:	Diabetes	Asthma	Cancer

Height		Weight	
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Female patients only:

Date and Result of last cervical smear / pap smear:-	
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Do you use contraception?	Yes / No	If yes what method?	
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If over 50 have you had a mammogram?	Yes / No	If yes when was the most recent one?	
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CURRENT MEDICATION

Please provide a copy of your repeat prescription from your previous surgery. This will enable us to issue a prescription for your repeat medication.

If this is not possible, please ask your previous surgery to email a copy of your medication to the Quintin Medical Centre. (esxccg.qmc@nhs.net)

You will need to see the GP before you can be issued with a prescription. Please make sure you have at least a month's supply of medication from your previous surgery.

Nominated Chemist for your prescriptions to be sent electronically	
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Ethnic origin (please tick the description which you feel is most appropriate)

If you do not wish to provide this, please tick the "Patient Declined" box at the end of the list.

White British		White Irish	
Other White ethnic group		Pakistani	
Indian		Bangladeshi	
Chinese		Other Asian ethnic group	
Black African		Black Caribbean	
Other Black ethnic group		Black African & White	
Other ethnic Asian/ White origin		Black Caribbean & White	
Other ethnic group		Ethnic Group not given – patient declined	

- Everyone belongs to an ethnic group, so all our patients are being asked to describe their ethnic group. We are collecting this information to help the NHS and social services to:
- Understand the needs of patients to provide better services
- Identify risk factors – some groups are more at risk from specific diseases
- Improve public health
- Complying with the law – The Race Relations (Amendment) Act 2000 gives public authorities a duty to promote race equality and good relations, and ethnic monitoring is important in making sure that race discrimination is not taking place
- This list of categories will help us collect information. It is not intended to leave out any groups of people. It is important to us that you are able to describe your own ethnic group. If you need to complete any of the boxes labelled "other ethnic background", then please give some details, so that we may better understand your needs. You do not have to complete this questionnaire, but providing the information is important to us, and will help us to plan and improve our services

SUMMARY CARE RECORD (SCR)

The SCR provides a summary of a patient's medical records to authorised healthcare professionals who are treating them anywhere within NHS England.

This summary can be used in Emergency and Out of Hours care and includes such things as allergies and allergic reactions, prescribed medication, significant medical history and immunisations. Nationally patients were opted into this data sharing unless they opted out.

Please select one of the three options:-

	I give my consent for medications, allergies and additional medical information to be shared via SCR
	I give my consent for medications and allergies ONLY to be shared via SCR
	I wish you opt out of the SCR

If you have any concerns or questions regarding this request, or you want to make any comments or complaints regarding the collection of this information, please contact the Practice Manager.

<p>Mobile phone text messaging service – You will receive a text message to remind you of your appointment date & time.</p> <p>I understand and accept the risks of breach in confidentiality if my phone is lost, stolen or read by a third party</p> <p>I understand and accept the need to inform The Quintin Medical Centre if my mobile phone number is changed</p> <p>I understand that I can opt out of this agreement at any time by informing The Quintin Medical Centre in writing</p> <p>Signed Date</p>
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Blood tests	Please note: - we are unable to offer blood tests after 11.30am for Quintin Medical Centre & Battle Road, 11am for Punnetts Town
Urine sample	Please note: - we are unable to accept urine samples after 12 noon for Quintin Medical Centre & Battle Road, 11am for Punnetts Town