

New Patient Questionnaire

Welcome to the Dicconson Group Practice. Please complete all sections of this form and leave it with the Receptionist. When you attend for your new patient health check please bring with you your medication slips from your previous GP practice, a form of photographic ID and a proof of address.

Thank you.

SURNAME

FIRST NAMES

PLEASE CIRCLE

MARITAL STATUS

MARRIED/SINGLE/WIDOWED/DIVORCED/
CO-HABITING

D O B:

TEL NO:

HOME:

MOBILE:

WE OFFER A TEXT MESSAGING SERVICE
AS A REMINDER FOR APPOINTMENTS
WOULD YOU LIKE TO USE THIS SERVICE?

YES _____ NO _____

NAMED GP:

You may be aware that all practices are required to provide all their patients with a named GP who will have overall responsibility for the care and support that our surgery provides to them.

Child/under 16 - school attending: _____

Who has parental responsibility?

Title _____

Surname _____

Forename _____

Is the adult with parental responsibility registered with our practice? Yes / No

CARERS:

Do you need / have anyone who looks after you or your daily needs as Carer?
Yes / No

If "Yes", do you give your permission for the Medical Staff here to discuss your health condition with them if necessary?
Yes / No

Carers details

Name _____

Address _____

Relationship _____

Telephone number _____

Do you care for anyone else?
Yes / No

Please turn over

Ethnic Grouping

Please tick the one that applies to you

WHITE

- English - .9i20
 - Welsh - .9i22
 - Scottish - .9i21
 - Irish - .9i1
 - Other British - .9i0
 - Any other White background (please specify) - .9i2
-

BLACK

- Black British - .9iD2
 - Caribbean - .9iB
 - African - .9iC
 - Any other Black background (please specify) - .9iD
-

ASIAN

- Asian British - .9iA8
 - Indian - .9i7
 - Pakistani - .9i8
 - Bangladeshi - .9i9
 - Any other Asian background (please specify) - .9iA
-

MIXED

- Any Mixed background (please specify) - .9i6
 - Any other Ethnic Group (please specify) - .9iF
-
- Information refused - .9iG

FIRST LANGUAGE SPOKEN: _____

INTERPRETER REQUIRED? (Please circle) YES/NO

RELIGION: _____

WHY WE ARE COLLECTING INFORMATION ABOUT YOUR ETHNIC GROUP

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 and service users from different groups and so provide better and more appropriate services for you.
- ❑ **Identify risk factors** – some groups are more at risk of specific diseases and care needs, so ethnic group data can help treat patients and support service users by alerting staff to high-risk groups.
- ❑ **Improve public health** by making sure that our services are reaching all of our local communities and that we are delivering our services fairly to everyone who needs them.
- ❑ **Comply with the law** as the Race Relations (Amendment) Act 2000 gives public authorities a duty to promote race equality and good race relations and ethnic monitoring is important in making sure that race discrimination is not taking place.
- ❑ **The ethnic groups** used are standard categories for collecting ethnic group information. Using these codes will help us to compare information about the groups using our services with information from the census which tells us about our local population. The list of groups is designed to allow most people to identify themselves. The list is not intended to leave out any groups of people, but to keep the collection of ethnic information simple. 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 'any other group' then please give some details so that we can better understand your needs. You do not have to complete the question but providing this information is very important. It will help us with diagnosis and assessment of your needs, and it will help us to plan and improve our service. The information you provide will be treated as part of your confidential NHS record. The NHS and social services have strict standards regarding data protection, and your information will be carefully safeguarded. If you have any concerns or questions regarding this request, or if you want to make any comments or complaints about the collection of this information, or the way in which you have been treated by staff requesting this information, please contact the practice manager.

Are you a military veteran? If you have served in the UK Armed Forces, please indicate which service.

Royal Navy _____ British Army _____

Royal Air Force _____ * Reservist / Territorial _____

*For Reservists/Territorial Army please confirm if you have served as Regular service Personnel for more than one day e.g. deployed on Operations (OP HERRICK etc.), please also indicate which service deployed with).

Are you are a spouse of a member of the armed forces _____

Are you a child of a member of the armed forces _____

Communication

If you have any difficulties with communication, please inform the practice and we will make every effort to accommodate your needs.

Hearing Loss:

Please circle which applies to you most:

Partial hearing loss, Total hearing loss, Hearing Aids Worn, Do you use sign language?
Any other hearing issues or needs? _____

Sight Loss:

Please circle which applies to you most:

Partial loss of vision, total loss of vision, do you wear glasses?
Any other sight issues or needs?

Speech:

Please indicate if you have any speech issues or needs

FOR USE OF STAFF ONLY

Medication Details Received In The Form Of Prescription From Previous Gp If On Any Regular Repeat Medication	Yes/No
Patient Did Not Have The Previous Prescription Containing Medication Details But Will Bring Into Surgery As Soon As Possible	Yes/No
Patient Informed Of Named Gp	Yes/No
Patient Task Sent To Dr Graham If Patient Is A Looked After Child	Yes/No
Hook Added To Pts Record If Pt Is A Looked After Child	Yes/No
Alert Added To Patient's Records If Any Information/ Communication Needs Are Required	Yes/No
Read Code Added To Template Re Information / Communication Needs (13ob – Difficulty Communicating)	Yes/No
Military Veteran Status Record	Yes/No
Carer Information Directed To Mary	Yes/No

Please turn over