Wellington Road Family Practice

New Patient Health Questionnaire

Thank you for your interest in registering with Wellington Road Family Practice. Our aim is to provide you with the best care possible to help you manage any existing health conditions and to prevent ill health in the future.

As a first step and to help us to get to know you better, please complete our health questionnaire as fully as you can. If anything is not clear, please ask.

We also encourage you to make an appointment for a New Patient check.

We ask all patients to provide 2 forms of Identification when registering – one with a photograph and the other with your address (and be dated within the last 3 months). Please check if you are not sure what is needed.

Personal Details

Title: …… Surname: ……..	Forename(s): ……
Address: …… …….. Postcode: ……	
Date of birth: ……	
Telephone Nos. Home:	
Work:	
Mobile:	
Email address:	
Have you been registered with this practice before? YES / NO	
Height: …….. **Weight:** ……	
Carers: **Do you have a Carer?** If yes, please give their name, address and phone number …… **Are you a carer, but not as part of your paid job**? If yes, please give the name, address and phone number of the person you care for ……	

Have you had an assessment of your needs as a Carer? YES / NO

Ethnicity and Language

Please tick how you would describe your ethnicity:

White	A	British	
	B	Irish	
	C	Any other White background	
Mixed	D	White and Caribbean	
	E	White and Black African	
	F	White and Asian	
	G	Any other mixed background	
Asian or British Asian	H	Indian	
	J	Pakistani	
	K	Bangladeshi	
	L	Any other Asian background	
Black or Black British	M	Caribbean	
	N	African	
	P	Any other Black background	
Other Ethnic Groups	R	Chinese	

What is your first choice of language? ……..

Religion ……

Lifestyle Information:

Smoking:

Do you smoke??	YES / NO
If **YES**, do you smoke: cigarettes / pipe / cigar / vape	
If **YES**, how many per day?	
We advise you not to smoke. Would you like to stop smoking? If **YES** we will be in contact with you shortly to offer you help and support.	YES / NO

If **NO**, have you ever smoked?	YES / NEVER
When did you stop?	
How many did you use to smoke?	

Exercise

Do you take regular exercise?

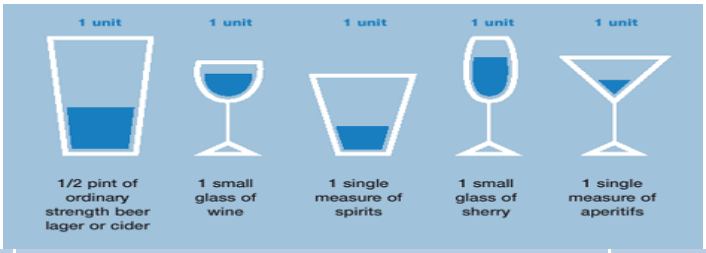
☐	No regular exercise	☐	1-3 twenty (20) minute sessions
☐	More than 3 twenty minute sessions per week	☐	I am a competitive sports person

Alcohol

Do you drink alcohol? YES / NO

If YES, please complete the questionnaire

Units Guide:



Units per week: _____

Alcohol Questionnaire

	Questions	Scoring system					Your score
		0	1	2	3	4	
1.	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	
2.	How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
3.	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	Please complete the following questions if your score was 5 or more						
4.	How often in the past year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5.	How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6.	How often in the last year have you needed an alcohol drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7.	How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8.	How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9.	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the past year		Yes, during the past year	
10	Has a relative/friend/doctor/ health working been con-cerned about your drinking or advised you to cut down?	No		Yes, but not in the past year		Yes, during the past year	

Scoring: 0-7 = Lower Risk, 8-15=Increasing Risk, 16-19=Higher Risk and 20+ = Possible Dependence

If you are concerned at all about your drinking and would like to speak to a doctor about this, please make an appointment

Medical History

Do you suffer from or are you receiving treatment for any of the following conditions?

Heart Disease	YES / NO	Heart Failure	YES / NO
Stroke	YES / NO	High Blood Pressure	YES / NO
Diabetes	YES / NO	Asthma	YES / NO
COPD	YES / NO	Kidney Disease	YES / NO
Thyroid Disease	YES / NO	Epilepsy	YES / NO
Schizophrenia	YES / NO	Cancer	YES / NO
Bipolar Affective Disorder	YES / NO	Dementia	YES / NO

If NO and you are aged 40-74 would you like a free NHS Health Check? YES / NO

Please list any serious illnesses, operations or accidents you have had in the past and when they happened.

1. ……..
2. ……

Current Medication:

Please list your current medication (including the dosage if known) or attach your repeat medication list:

Do you have any allergies (especially any drug allergy)? YES / NO

Medication collection:

Which pharmacy would you like to collect your medication from:

North Yate Pharmacy	Shaunak's Courtside	Kennedy Way Surgery
Boots – West Walk	Abbotswood Pharmacy	Shaunak's Frampton
Boots – North Walk	Other:	

Is there any further information you feel the doctor should know?

Family History:

Has a close family member suffered from any of the conditions above? Please give details and dates.

Disability:

Do you have a sensory impairment at all? YES / NO

If YES, how would you prefer we communicate with you? Email / Phone / Other
(Please give details)……

Armed Forces:

Are you or have you ever been a member of the Armed Forces Community?

Veteran: YES / NO	Reservist: YES / NO
Armed Forces family: YES / NO (Spouses/Partners and dependents of serving Armed Forces Personnel)	

Summary Care Record

The Summary Care Record (SCR) is a short summary of your medical records stored on a secure electronic health records system held at the practice. With your permission, this system can allow us to share your full health record held here with other hospitals and organisations that provide care for you. This will allow doctors and nurses to see what has already happened, the medicines you are taking and what you are allergic to. This can be extremely helpful in an emergency, when the surgery is closed or at out patient clinics.

Please choose **ONE** of the following options:

YES – I would like to share my Summary Care Record

- ☐ Consent for medication, allergies and adverse reactions only
  OR
- ☐ Consent for medication, allergies, adverse reactions and additional information

NO – I would **not** like a summary care record

- ☐ Express dissent for Summary Care Record

Patient Messaging

At the surgery we occasionally communicate with our patients by SMS text message including appointment reminders/ email with practice newsletters. You can withdraw from this service at any time by contacting us

- ☐ I consent to receive text messaging on the number listed on page 1
- ☐ I consent to receive emails at the address listed on page 1

Online Services – only available with photographic identification

This service offers patients the opportunity to book appointments, order repeat medications and view a summary of their electronic medical record from the date of registration with us.
Please make sure you sign and date this form

- ☐ I would like to renew medication, make appointments and view my medical record from the date of registration

If you would like to view a summary of all your electronic medical records, a formal Subject Access Request form will need to be completed. Please ask at Reception about this.

Patient Declaration:

I confirm that the information I have given on this form is correct to the very best of my knowledge. I confirm that I consent to the services I have ticked above.

Signed: …….. Date: ……

Welcome to Wellington Road Family Practice
Some information about us

We welcome you to Wellington Road Family Practice. We are a small practice and are proud that we know our patients well. The doctors, nurses and staff at the surgery are proud to have been vote3d the top GP practice in the greater Bristol area for the fourth time for 2019/20, announced in July 2020.

Our website https://www.wellingtonroadfamilypractice.co.uk/ shows the doctors available at each session and is updated every week.

The surgery is jot open on Thursday afternoons although there is an oncall GP available for emergencies only.

If you need to see a doctor
If you feel you need to see or speak to a doctor, please telephone the practice between 8.30 am-11 am in the morning or 3 pm -5 pm in the afternoon. Following the outbreak of coronavirus, it is not possible to just turn up at the surgery. The receptionist will ask for some brief details and check your contact details.. The doctor will call you back and if necessary arrange an appointment for you to attend the surgery. They will give you instructions on how to access the surgery.

If the doctor feels you need a prescription, they will ask you which pharmacy you wish to collect the medication from. During these times it is not possible to collect the prescription from the surgery.

If you need to make an appointment to see the nurse
If you need to see a member of the nursing team, please telephone reception and book an appointment.

Patient Feedback
We actively welcome feedback on any aspect of the surgery or the services it provides. You can leave comments on the website, complete a Friends & Family Form or speak to the practice manager. You may also want to join our Patient Participation Group. We often canvass the views of our members and feedback responses by email. Please ask for details and join in.

Named Accountable GP
The NHS requires patients to be notified of their accountable GP, the person who is responsible for their care. Although you can see either any of the Doctors, to satisfy this requirement, we are informing you that your named accountable GP at Wellington Road is :

WELLINGTON ROAD FAMILY PRACTICE

Please include the following when returning your completed forms:

1. Proof of address – Utility/phone bill or bank statement
2. Proof of I.D – Passport/visa or photo driving licence

New patient forms will be processed as soon as possible. This will take approximately 48 hours.

For your safety and to reduce the chance of prescription errors we do not accept prescription requests over the phone. You will need to call into the surgery or contact a local pharmacy.

Alternatively we do provide an online service. Details of this can be requested once you are registered. Repeat prescriptions will normally take 48 hours.