

# Railway Medical Group

## New Patient Questionnaire

**Surname** ..... **Forename (s)** .....

**Title** Mr / Mrs / Ms / Miss **Date of birth** .....

**Maiden name(s)** .....

**Address** .....

**Postcode** ..... **Telephone number/s** .....

**Email address** .....

**Current occupation** .....

**Marital status** Single / Married / Widow/Widower / Divorced/Separated / Other

**Please answer the following questions;**

**1. Do you smoke?** Never..... Yes .....Cigarettes/Pipe/Cigars/E-cig If not now, date stopped: .....

If yes how much per day .....

**2. Do you Drink Alcohol?** Yes NO

If yes using the chart below how many units per week do you drink .....

**1 Unit is typically;**

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)



**The following drinks have more than 1 unit;**

a pint of regular beer, larger or cider, a pint of strong/premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%) or a bottle of wine



**Please complete AUDIT C chart;**

Audit – C Questions	Scoring System					Your score
	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?	1-2	3-4	5-6	7-9	10+	
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	
					<b>TOTAL</b>	

**3. Ethnic group**

To which of these groups do you consider you belong: (tick one box only)

<i>White:</i>		<i>Black or Black British:</i>		<i>Ethnic Groups:</i>	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Ethnic group	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>		
<i>Asian or British Asian:</i>		<i>Mixed:</i>		<i>Prefer not to disclose</i>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>		
Any other Asian background	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>		

**4. Height** .....

**Weight** .....

**5. Are you a carer?** Yes ..... No.....

If so, do you consent to us recording this on our system? Yes .... No .....

By providing this information it will enable us to flexibly meet your needs.

**6. Do you have any medical problems?**

Yes ..... No .....

If **yes** please give details .....

.....

.....

**7. Have you had any other illnesses, accidents or operations in the past?**

Yes ..... No .....

If **yes** please give details .....

.....

.....

**8. Are you under the care of a hospital consultant at the moment?**

Yes ..... No .....

Name of consultant                      Hospital                      Diagnosis

.....  
.....

**9. Do you take any regular medication?**

Yes ..... No .....

If yes please give details .....

.....  
.....

**10. Do you have any allergies to medicines or tablets?**

Yes ..... No .....

If yes please give details .....

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**11. Female Patients Only**

Contraception method: .....

Date of last cervical smear                      result .....

Date of last breast screening                      result .....

**12. Family History**

Please give details of the state of health or cause of death of family members eg. heart attack, stroke, diabetes, hereditary condition or other disease. The relative may alive or dead, please indicate their age now or at death including cause of death or current state of health

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**13. Summary Care Record**

Did you have a Summary Care Record at your previous doctor’s surgery? YES / NO  
See enclosed leaflet

Consent for sharing of Summary Care Record (see enclosed leaflet) YES / NO

Consent for sharing of Shared Health Care Record (see enclosed Leaflet) YES/ NO

Do you fully understand what your summary care and shared health care record is ? YES/ NO

**14. Are you a Military Veteran?** YES / NO

Armed forces, regular or reserve, Merchant Navy seafarers and fishermen who served in a vessel which facilitated military operations by armed forces.

If YES can we record this on your medical record? YES / NO

**15. Communication Needs**

Please inform us if you have any communication needs i.e. Braille, large print etc.

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**16. Text Messaging**

MJOG is a GP system of choice, texts will be sent to the registered mobile number on your records when appointments are booked or when group information is sent from the practice eg when flu vaccines are available at the surgery. No clinical or specific information is sent via this system, the appointment reminder states the date, time and location only of the appointment. Are you happy to use this system?

YES/ NO

**Signature**

**Date**

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For over 75’s enter code 9NN60 as Named GP

**First spoken language**Patient not willing to give information: 

Please tick to indicate:

Akan		Lithuanian	
Albanian		Luganda	
Amharic		Makaton (sign language)	
Arabic		Malyalam	
Bengali		Mandarin	
Brawa		Norwegian	
British signing language		Pashto (Pushtoo)	
Cantonese		Patois	
Croatian		Polish	
Dutch		Portuguese	
English		Punjabi	
Ethiopian		Russian	
Farsi (Persian)		Serbian	
Finnish		Sinhala	
Flemish		Somali	
French		Spanish	
French creole		Swahili	
Gaelic		Swedish	
German		Sylheti	
Greek		Tagalog (Filipino)	
Gujarati		Tamil	
Hakka		Thai	
Hausa		Tigrinya	
Hebrew		Turkish	
Hindi		Urdu	
Igbo (Ibo)		Vietnamese	
Italian		Welsh	
Japanese		Yoruba	
Korean		Other – please specify below:	
Kurdish			
Lingala			

## Pharmacy nomination for prescriptions

Our practice is now moving to an electronic prescribing system (EPS) which means that when your prescription is authorised by the GP it will automatically be sent to the chemist electronically. By nominating a dedicated pharmacy you will not need to pick your repeat prescriptions up from the surgery and then take them to a pharmacy, you will be able to go straight to your nominated pharmacy to pick up your medication after the surgery's specified turnaround time for repeat prescriptions (48 hours).

Please tick **(one)** pharmacy nomination:

Blyth Health Centre Pharmacy Thoroton Street NE24 1DX                      Tel: (01670) 396 487	
Boots Maddison Street NE24 1EY                      Tel: (01670) 546 092	
Blyth Health Care Bowes Street NE24 1BD                      Tel: (01670) 362 111	
Boots Waterloo Road NE24 1BW                      Tel: (01670) 352 275	
Boots Cowpen Briardale Road NE24 5LA                      Tel: (01670) 356 545	
Boots Newsham Plessey Road NE24 4AA                      Tel: (01670) 366 198	
Asda Pharmacy Cowpen Road NE24 4LZ                      Tel: (01670) 542 710	
Boots Seaton Sluice Beresford Road NE26 4DR                      Tel: (0191) 237 6880	
Lloyds Delaval Terrace NE24 1DJ                      Tel: (01670) 366 608	

If you require any further information regarding electronic prescribing please ask a receptionist.

## Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Basic Summary Information	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

<b>Signature</b>	<b>Date</b>
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### For practice use only

Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Date	Method <div style="text-align: right;"> Vouching <input type="checkbox"/>  Vouching with information in record <input type="checkbox"/>  Photo ID and proof of residence <input type="checkbox"/> </div>
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled <div style="text-align: right;"> All <input type="checkbox"/>  Prospective <input type="checkbox"/>  Retrospective <input type="checkbox"/>  Detailed coded record <input type="checkbox"/>  Limited parts <input type="checkbox"/> </div>	Notes / explanation	