NEW PATIENT QUESTIONNAIRE
THE STATION PRACTICE

Station Plaza Health Centre
Station Approach, Hastings, East Sussex, TN34 1BA
Tel:01424 464756
https://www.thestationpractice.co.uk/

Welcome to the Station Practice.

If you need any support completing these forms please ask our reception teams who will be happy to help you. Please ensure you complete the Purple GMS (General Medical services) form clearly at the front of this form.

You can obtain your NHS number from your previous GP surgery.

We do understand that not all questions on our registration forms are applicable to all patients. However it is important we use the registration process to capture as much information as possible. This is to ensure that we are offering you the best standard of care and can signpost patients who may need extra support at the point of registration. Please complete the registration forms to the best of your knowledge with as much information as possible.

Have you been registered with our GP Practice before? ☐Yes ☐ No

If you have previously been de-registered under our zero-tolerance scheme you must not register with our practice, without first writing to the Practice Manager with your request. If the practice declines your request to register they will inform you in writing of the decision. The practice has a right to remove your registration at their discretion at any time if you have previously been removed from our list for abusive behaviour and not informed them at the point of re-registering.

Please submit this questionnaire with your registration form.

We also offer an appointment with one of our Healthcare Assistants who will take some basic tests, height, weight, blood pressure and urine testing. Please ask at reception if you would like to book an appointment.

ABOUT YOU

Surname:	Forename:
Title:	Preferred name:
Date of Birth:	Home Telephone:
Address:	Mobile Telephone:
	Work Telephone:
	Email:
	Ethnicity: Please select from below: ☐White – British or NI ☐ White – Irish ☐ White – Gypsy or Irish Traveller ☐ White – other ☐ Mixed – White and

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	Black Caribbean ☐ Mixed – White and Black African ☐ Mixed – White and Asian ☐ Mixed – other ☐ Asian – Indian ☐ Asian – Pakistani ☐ Asian – Bangladeshi ☐ Asian – Chinese ☐ Asian – other ☐ Black – African ☐ Black – Caribbean ☐ Black – other ☐ Arab ☐Any other ethnic group
Which School/College do you attend (If applicable)	
Keycode if applicable	Occupation:
Place of Birth:	Date of entry to UK (if applicable):
Main language:	Interpreter needed: ☐Yes ☐ No
Are you an asylum seeker:	☐Yes ☐ No
Arrived from Ukraine in the UK under Ukraine Family Scheme:	☐Yes ☐ No
Arrived from Ukraine in the UK under Ukraine Sponsorship Scheme (Homes for Ukraine):	☐Yes ☐ No
Parent or Guardian details (**For Children)	**Title:** **Surname:** **Forename:** **Relationship:** **Address:** **Telephone number:**
Are you or anyone in your family a survivor of FGM?	☐Yes ☐ No
Do you or any of your family believe FGM is a religious or cultural requirement?	☐Yes ☐ No ☐ Not applicable

Name of next of kin:_____ Relationship:_____

Contact number for next of kin:_____

If you have any special communication needs please tick here ☐

If yes: ☐Sign language ☐Large Print ☐Other

Do you lip-read or use a hearing aid or other communication tool? ☐ Yes ☐ No

IF SO, WHICH?

Patients with visual impairment

Do you need information in another format? For example, large print or easy to read?
☐ Yes ☐ No

IF SO, WHICH?

The Station Practice uses a patient messaging service for appointment reminders and important healthcare messages.

If you do NOT wish to receive these important reminders please tick here ☐ **(Office use 9NdQ)**

Do you give consent to receive communications by SMS text ☐ Yes ☐ No

YOUR LIFESTYLE

Are you a SMOKER / EX-SMOKER / NEVER SMOKED
If a smoker how many cigarettes/roll-ups do you smoke a day, on average?_____/day

Do you Vape?
☐ Yes ☐ No

Would you like help to stop smoking? ☐ Yes ☐ Not at this time

How often do you have a drink that contains alcohol?
Please complete the separate Alcohol questionnaire

Do you exercise regularly? YES / NO What sort of exercise?

Do you consider that you eat healthily? YES / NO
(that is plenty of fresh fruit, vegetables and cereal. Low in fat and sugar)

YOUR HEALTH

Are you allergic to any substances, drugs or prescribed medications? YES / NO
If YES please state:

Weight (kilograms):	Height (metres):

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Repeat Medications. If you have a re-order form from your previous doctor detailing your regular medications please attach it to this form. If not, please list the medicines you take regularly here.

Do you have a nominated pharmacy for collecting your medications? If YES please give details:

_____

Please note we do not accept prescription requests over the phone unless you are housebound, and prescriptions take 72 hours to be processed.

We need to know what conditions that you may suffer from. Some conditions can also run in families so please include immediate family members where appropriate (immediate means grandparents, parents, brothers, sisters and your children).

	About You	About your relatives	
	Please circle	Please circle	State relationship to you
ASTHMA	YES / NO	YES / NO	
ANGINA	YES / NO	YES / NO	
HEART DISEASE	YES / NO	YES / NO	
HIGH BLOOD PRESSURE	YES / NO	YES / NO	
STROKE	YES / NO	YES / NO	
DIABETES	YES / NO	YES / NO	
EPILEPSY	YES / NO	YES / NO	
THYROID DISEASE	YES / NO	YES / NO	
CANCER (please state)	YES / NO	YES / NO	
Are you registered blind?	YES / NO		
Are you registered partially sighted?	YES / NO		
Do you have hearing difficulties?	YES / NO		
Other disabilities?			
Are you pregnant?	YES / NO/ Not applicable		
Please list any other serious illnesses that **YOU** may have had			

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Please list any operations that you may have had	

Many people care for those less able. We are able to help, advise and support carers.

Do you care for a relative or someone else? YES / NO	918G

Are you cared for by a relative or someone else? YES / NO If you have answered YES please enter the carer's details: Name: Contact number:	918F

Would you like to be referred to Care for the Carers ? ☐Yes ☐No

VETERANS

Do you or have you served in the armed forces? ☐Yes ☐No
What is your service number ……..

WOMEN ONLY

I have had a total hysterectomy and therefore do not require a smear test

☐Yes ☐No

If you are homeless or at risk of homelessness, please complete the information below:

Are you homeless?	☐Yes		☐No	
Are you threatened homelessness?	☐Yes		☐No	
What date do you expect to become homeless?				
National Insurance Number				
Current living situation	You	Couple	Family with dependents	Family with no dependents

Owner	Private rented	Council tenant	Housing Association tenant	Living with parents
Staying with friends	Sleeping rough	Hostel	Night shelter	Other

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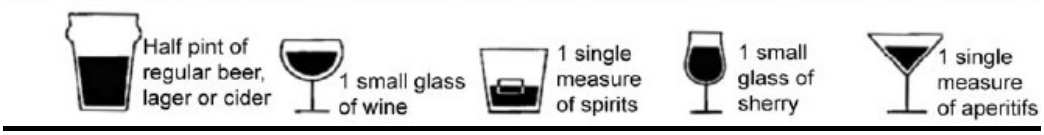
Name: **DOB:**

This is one unit of alcohol…



…and each of these is more than one unit

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	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

SCORE

Do you want help on cutting down the alcohol consumption? ☐Yes ☐No

Information for new patients: about your Summary Care Record

Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.

b) **Express consent for medication, allergies, adverse reactions and Additional Information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care (for example the secondary care).

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions **only**.

or

☐ Express consent for medication, allergies, adverse reactions **and** Additional Information.

No – I would not like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out). **Office use 9Ndo**

Name of Patient: ……

Address: ……

Postcode: …… Date of Birth: ……

NHS Number (if known): ……

Signature: …… Date: ……

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: ……

Please circle one: Parent Legal Guardian Lasting power of attorney for health and welfare

Type 1 Opt Out

This is an objection that prevents an individual's personal confidential information from being shared outside of their general practice except when it is being used for the purposes of direct care, or in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease. If patients wish to apply a Type 1 Opt Out to their record they should make their wishes know to the reception team.

National Data Opt-Out (before known as Type 2 Opt-Out)

The national data opt-out was introduced on 25 May 2018, enabling patients to opt-out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.
The national data opt-out replaces the previous 'type 2' opt-out, which required NHS Digital not to use a patient's confidential patient information for purposes beyond their individual care.
To find out more or to register your choice to opt out, please visit www.nhs.uk/your-nhs-data-matters or ring the NHS Digital Contact Centre: 0300 303 5678

THIRD PARTY ACCESS

In the Practice we aim to provide you with the highest quality of healthcare. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.
Everyone working for the NHS has a legal duty to keep information about you confidential.

If you would like a family member or carer to have access to your medical records on your behalf. We need to keep their contact details on your records.

The person you nominate must be happy to have their details recorded in your medical records. If you wish to nominate someone for this reason please provide us with their details and sign below that you consent to this.

Name of nominated individual …….
Your signature …… Date …….

Power Of Attorney status (POA)

Please add the name and the contact details of attorney, if applicable:

Please provide evidence of the type of POA before this information is added to your record.

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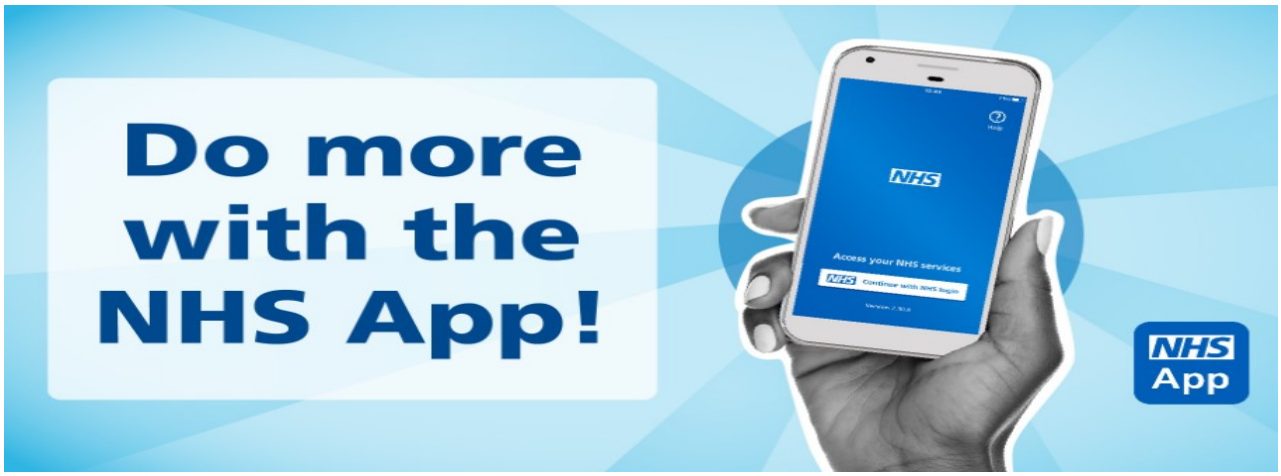
Online Patient Access – For patients over 16 years old

We do recommend patients sign up for online services.



Would you like to sign up for Online Access?

☐Yes ☐ No

We recommend that patients provide identification when registering at the practice. If you're unable to provide identification we can still register you. However you won't be able to access our online services without proof of identification.

What you can do with the NHS app

- order repeat prescriptions and nominate a pharmacy where you would like to collect them
- book and manage appointments
- view your GP health record to see information like your allergies and medicines (if your GP has given you access to your detailed medical record, you can also see information like test results)
- register your organ donation decision
- view your NHS number
- use NHS 111 online to answer questions and get instant advice or medical help near you

Please provide photographic identification to register with our online services.

For Reception Only
ID SEEN ☐
Type of ID Seen _____

INITIALS :

Date:

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Contract of Care

The GPs, Nurses, Practitioners and Staff aim to provide the highest possible care to our patients. The aim of this Contract of Care is to ensure that you understand the practice policies and why such policies are in place, and then follow them. We particularly recommend that you read closely the details relating to our Appointment, Repeat Prescribing and Behaviour expectations.

Your responsibilities:	Practice responsibilities:
Comply with recommended treatment.	Offer access to quality medical services.
Participate in appropriate screening and prevention programmes.	Provide you with an appointment with a GP or appropriate healthcare professional or signpost you to a suitable alternative service in line with our appointments procedure.
Commit to a healthy lifestyle with support from the Practice if required.	Enable you to access relevant appointments with the right clinician the first time.
Treat clinicians and staff with dignity and respect at all times.	Treat you with dignity and respect at all times.
Be aware of our practice booking system and use this appropriately to book with the appropriate clinician.	Ensure all patients have access to a patient information leaflet which includes information on how to book an appointment.

Information about all the services we provide are detailed on our website. If you do not have access to the internet, please ask at reception for a practice leaflet. Before deciding that you wish to join the Practice we ask that you review this information in order to decide whether you can follow the policies presented by the Practice in line with the General Medical Services GP contract.