

Medlock Vale Medical Practice

New Patient Questionnaire

58 Ashton Road
Droylsden
M43 7BW
0161 370 1610

Please fill out this form using CAPITAL LETTERS

tgccg.medlockvalemedicalpractice@nhs.net

Patient Details	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please state)	Address:
First Name:	
Surname:	
Date of Birth:	
Gender:	
Occupation:	Postcode:
Email:	Home Tel No:
	Mobile No:
Marital Status:	

Ethnic Origin:		
<input type="checkbox"/> White British	<input type="checkbox"/> White & Black Carribean	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other White	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Do not wish to state
<input type="checkbox"/> Black Carribean	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Ethnic Group (Please state)
<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	
<input type="checkbox"/> Other Black	<input type="checkbox"/> Pakistani	

Next of Kin	
Full name:	Relationship:
Tel No:	Mob No:

Language Support	
What is your first language:	Do you use any of the following:
Do you speak English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Language: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language?:	

Additional Information			
Religion:			
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Hindu	<input type="checkbox"/> Other religion
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh	(Please state)
<input type="checkbox"/> No religion	<input type="checkbox"/> Do not wish to state		

Are you a Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you give permission for this to be recorded in your medical records? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who do you care for:

The following drugs are NOT prescribed by Medlock Vale Medical Practice

Diazepam
Lorazepam
Nitrazepam
Temazepam

These drugs will only be prescribed if the patient is under the care of the hospital and we have patient records to verify this.

Health Overview		
Height:	cms	Weight: kgs
Blood Pressure:	/	Pulse Rate:

Smoking Status:
 Never smoked Ex smoker Current Smoker How many per day?

Alcohol Status:
 Approximate number of alcohol units consumed per week:
 How often do you have an alcoholic drink?
 Never Less than monthly Monthly Weekly More than 4 times a week
 How many units of alcohol do you have on a typical day when you are drinking?
 1-2 3-4 5-6 6 or more
 How often do you have 6 or more (female) or 8 or more (male) units on one occasion?
 Never Less than monthly Monthly Weekly Daily/almost daily

Have you or a close relative ever had any of the following illnesses?:

*Please state nature of relationship

	You	*Relative		You	*Relative
Asthma			Diabetes		
High BP			Stroke		
Glaucoma			High Cholesterol		
Cancer			Depression		

Other (please state):

Do you consider yourself to have any disabilities?:
 Yes No (Please specify)

Do you have any allergies?:
 Yes No (Please state)

Please provide any medical records/evidence of any previous vaccinations given

Summary Care Record

A Summary Care Record (SCR) is an electronic record of important patient information created from GP medical records. They can be seen and used by authorized staff in other areas of the health and care system involved in your care.

You may also wish to get further information from this website: <https://digital.nhs.uk/services/summary-carerecords-scr>

If you DO NOT want a Summary Care Record, please complete the following section:

No – I do not wish to have a Summary Care Record (please tick) – I understand that this means, should an emergency arise, healthcare staff will be unable to access information regarding any medication I am taking, any allergies I suffer from or any bad reactions to medicines I have. I understand that I can opt back in at any time by contacting my GP practice.

Communication

Text Messaging: If you have a mobile phone number you can receive messages regarding appointments confirmations, appointment reminders, health campaigns (eg. flu jab). Please tick the following if you wish to opt out to this service:

Yes – I do not want Medlock Vale Medical Practice to send text messages to my mobile phone number

You can also download the app to receive the same messages: <https://www.mjog.com/messenger/>

Electronic Prescriptions

The electronic prescription service (EPS) is an NHS service. Please read the dedicated information sheet within the new patient pack for full details.

If you wish to enroll to this service, please complete the following

Yes – I have read the EPS information sheet and wish to enroll to the service. My nominated pharmacy is:

I confirm that I have read and understood all of the above information and give or do not give my consent as indicated in each section.

Print Name:

Signature:

Date: