

Carden & New Larchwood Surgery New Patient Questionnaire

Dear Patient,

Thank you for registering with Carden & New Larchwood Surgery. We would be grateful if you could fill the questionnaire below and hand it in to our reception. If you wish to make a New Patient Medical, you are welcome to do so this will be with our Health Care Assistant or Practice Nurse. We would encourage our 5-16 year old new patients especially to do this so we can review your health, please bring in a urine specimen for this examination.

Patient Details

Surname		First Names	
DOB		Ethnicity	
Phone Number (Home)		Phone Number (Mobile)	
Email		EPS Nomination (please see info in pack)	
Do you regularly care for someone frail, ill or disabled?		Do you have a carer? If yes please supply name and no.	

General Medical Details

What is your smoking status?			
Smoker <input type="checkbox"/>	Non Smoker <input type="checkbox"/>	Ex Smoker <input type="checkbox"/>	
<i>If smoker please see overleaf</i>			
What is your height?		What is your weight?	
Waist size if known?		Blood pressure if known?	
Healthy eating – 5 a day?			
Rarely <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Regularly <input type="checkbox"/>	Always <input type="checkbox"/>
Exercise – How often?			
Never <input type="checkbox"/>	Once a week <input type="checkbox"/>	Twice a week <input type="checkbox"/>	More often <input type="checkbox"/>

Medical Conditions: Do you or have you ever suffered from any of the below: Please tick all that apply?

Allergies (Drug)		Allergies (Other)	
Asthma		Chronic lung disease	
High blood pressure		Cancer	
Diabetes		Angina	
Heart attack		Stroke	
Mental illness including depression		Alcohol and drug related problems	
Epilepsy		Thyroid problems	

The NHS in England is introducing the Summary Care Record, which will be used in Emergency Care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Yes I would like a Summary Care Record

No I do not want a Summary Care Record

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Alcohol Questionnaire

One Unit of alcohol is: ½ pint average strength beer/lager OR one small glass of wine OR one single measure of spirits. Note: a can of high strength beer/lager may contain 3-4 units, an alcopop is 1 ½ units of alcohol and a bottle of wine is 10 units of alcohol

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest

Please circle the box that best describes your answer to each question

Questions		0	1	2	3	4
1.	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3.	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4.	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5.	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8.	How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9.	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10.	Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Scoring – The score for each answer are shown in the top row

The minimum score (for non-drinkers) is 0 and the maximum is 40

A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption

A score of 13 or more in women and 15 in men is likely to indicate alcohol dependence

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Accessible Information Standard

We want to ensure that all communication we have with our patients is clear and set out in a way that is easy to understand. If you have a disability, impairment or sensory loss please let us know how you would like us to communicate with you by completing this form:

Name:	DOB:		
Do you have a specific condition that affects, or may affect day to day communication? YES/NO			
Please tick preferred communication/ information method:			
<input type="checkbox"/>	Requires contact by telephone (Code) Telephone number..... Consent to leave messages on answer phone YES/NO		
<input type="checkbox"/>	Requires information verbally (Code)		
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Requires contact via carer (Code) Carer's Name..... Carer's Contact number.....</td> <td style="width: 50%; text-align: center;">Does your carer have any communication needs? YES/NO</td> </tr> </table>	Requires contact via carer (Code) Carer's Name..... Carer's Contact number.....	Does your carer have any communication needs? YES/NO
Requires contact via carer (Code) Carer's Name..... Carer's Contact number.....	Does your carer have any communication needs? YES/NO		
<input type="checkbox"/>	Requires contact by letter (Code)		
<input type="checkbox"/>	Requires communications in 'easy read' format (Code)		
<input type="checkbox"/>	Requires contact by email (Code) Email address.....		
<input type="checkbox"/>	Requires written information in large format (Code) 14pt / 16pt / 18pt / 20pt		
<input type="checkbox"/>	Please let us know if you need added support during a consultation British Sign Language / Advocate / Carer present (Code) Other		
<input type="checkbox"/>	Other (if we are able to offer in the future)		
<input type="checkbox"/>	I do not have a preferred method of communication/information		

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If you ticked that you are a current smoker please read the below:

Why would I want to stop smoking?

Stopping smoking improves lung capacity allowing you to carry out daily tasks without wheezing, coughing or struggling for breath.

Stopping smoking increases your life expectancy, significantly increasing your chances of being healthy and active in your old age.

You'll also reduce your risk of getting cancer, heart disease or strokes and save money.

How can I stop my smoking?

1. Helping yourself
There are many self-help books and different methods to stop smoking. Some people find it easy once they decide to go for it others have more difficulty.
2. NHS Carden Surgery
Make an appointment with one of our nurses to discuss stopping.
3. NHS services which you can refer yourself to
The local NHS Stop Smoking Service offer one to one support and can be contacted on 0800 169 0169 or www.nhs.uk/smokefree

If you scored higher than 8 from the alcohol screening tool and you would like to reduce your alcohol here are some useful websites and some phone apps. If you would like help with reducing your drinking please make an appointment with a GP.

Websites

Don'tBottleItUp! offers users a simple online 'Identification and Brief Advice' (IBA) approach based on the gold-standard AUDIT screening tool and providing personalised brief advice. <https://dontbottleitup.org.uk/>

The drinks meter app provides feedback based on AUDIT and other questions, also comparing the user's answers against the Drinks Meter community to give unbiased, anonymous feedback. <http://www.drinksometer.com/>

Down Your Drink is a longer established online programme based on AUDIT and also including an extended programme. User registration required. <http://www.downyourdrink.org.uk/>

Free Phone Apps

Change4Life drinks tracker helps you keep track of your drinking - showing you when you're putting your health at risk and giving you tips to help you cut down

NHS Drinks Tracker quickly calculate your drink units, keep track of your drinking and get personalised feedback. A great app if you want to cut down on your drinking.

Drinks Meter app provides you with instant feedback on your drinking. It compares your drinking against the Drinks Meter community to give unbiased, anonymous feedback.