

NEW PATIENT DATA QUESTIONNAIRE

www.longtonhealthcentre.co.uk

SURNAME PREVIOUS SURNAME

FIRST NAME DATE OF BIRTH

GENDER : M / F / I

HOME ADDRESS

.....
.....
.....

POSTCODE

ANY OTHER PERSONS KNOWN TO LIVE AT SAME ADDRESS

DEPENDANTS AT SAME ADDRESS.....

TEMPORARY / CARER/ RELATIVE ADDRESS IF CORRESPONDANCE REQUESTED TO BE DIRECTED C/O

.....

KEY SAFE CODE TO GAIN ACCESS TO YOUR PROPERTY? YES /NO

(to enable healthcare team to gain access to your property should you require a home visit)

Location

Code

Have you been registered at this practice before YES / NO

Please state the reason for leaving (e.g Moved out of area, Student, Moved to other practice).....

CONTACT E-MAIL

HOME TELEPHONE NUMBER

MOBILE CONTACT NUMBER

PREFERRED METHOD OF COMMUNICATION.....

ETHNICITY & FIRST LANGUAGE SPOKEN

CORRESPONDANCE TYPE REQUEST:

- Braille
- Large Print
- Audio

COMMUNICATION OR INFORMATION NEEDS E.G. HEARING / SIGHTDIFFICULTY

.....

OCCUPATION

SCHOOL / COLLEGE ATTEND IF UNDER 18 YEARS OLD

ANY KNOWN ALLERGIES?*If yes please state type & side effect if known*

.....

HEIGHT WEIGHT

ARE YOU PREGNANT Y/NIF SO WHAT IS YOUR E.D.D

IF REGISTERING FROM ABROAD OR NEW TO THE UK:

PLEASE PROVIDE A COPY OF ALL IMMUNISATIONS & BOOK A NEW PATIENT CHECK WITH GPA

Have you been immunised for any of the following? Please state date if known:

DIPHTHERIA WHOOPING COUGH

HEALTH CONCERNS

If you have any ongoing health concerns or illnesses please ask the Receptionist for an appointment with the GP to discuss this.

REPEAT MEDICATION

If you are taking any repeat medication you **MUST BOOK AN APPOINTMENT WITH OUR PHARMACIST** before your next prescription is due.

At this appointment the GP will discuss your medication and add them to our computer system.

Please ensure if you were registered at a surgery within the local area and you need your repeat medication you obtain a prescription from them prior to seeing the GP here.

ELECTRONIC PRESCRIBING SERVICE

We send prescriptions electronically where possible; please nominate the pharmacy of your choice here

GP2GP

Our clinical system uses this electronic process which transfers your electronic health record directly and securely from your previous GP practice to our practice. This enables your GP to review information regarding your medications, allergies, adverse reactions, immunisations, laboratory results, diagnoses, medical history and letters from specialists. This process can only occur if both GP practices are using GP2GP systems. For more information on this process please visit www.hscic.gov.uk/gp2gp

SUMMARY CARE RECORDS and SHARING YOUR INFORMATION

You are automatically opted in to the services above unless you wish to opt out.

If you wish to opt out of having your information shared please visit 'Your Data Matters'

- www.nhs.digital.nhs.uk
- www.hscic.gov.uk

CONSENT and SHARING INFORMATION

Please register for GP online services for ordering prescriptions, making appointments, viewing and sharing your healthcare records.

If you would like to give your consent for a family member to speak to a member of staff or GP on your behalf then please attach a signed letter of authority from yourself **OR ASK AT RECEPTION FOR A NAMED PERSON CONSENT FORM** or please give verbal consent at each contact.

TEXT MESSAGING SERVICE / EMAIL information

The practice provides appointment reminders and healthcare related messages and recall reminders by SMS text. We also use email to send health related information.

If you have provided us with your mobile phone number and / or your email address you will now need to give your consent for this to take place. You may change your decision at any time.

Please see consent information below.

DEMENTIA

Longton Health Centre carries out memory tests for any patient concerned about memory loss.

Please contact Reception and inform if you feel you would like this test. You may wish a relative or carer to accompany you to this appointment.

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