



NEW PATIENT QUESTIONNAIRE

Broom Leys Surgery
Broom Leys Road, Coalville, Leicestershire, LE67 4DE
Telephone: 01530 832095
Website@ www.broomleysurgery.co.uk
Email: broomleysurgery@nhs.net

If you need any support in completing this form, please ask at the reception

Thank you for applying to join Broom Leys Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. **Please supply two forms of Identification with your completed form, a photographic form of ID (such as passport or driving license) if you do not have photographic ID then please bring your birth certificate and proof of your home address (such as a recent bank statement or document relating to your new home with your name on).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Fields marked with an asterix (*) are mandatory.

*Title	*First names
*Surname	
* <input type="checkbox"/> Male	<input type="checkbox"/> Female
*Date of Birth	
*Home telephone No.	
Work telephone No.	
*Mobile No.	Do you consent to received text messages <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Do you consent to receive Emails <input type="checkbox"/> Yes <input type="checkbox"/> No

If you are applying on behalf of a child who is in foster care/residential care/Kinship care/ or who is not your child

Who has the legal responsibility for the child?

You as the legal parent or guardian

Other (please specify)

Who can consent for the medical treatment for the child?

You as the legal parent or guardian

Other (please specify)

Looked after Children

Are you looking after someone else's child? Yes No

If Yes, under what arrangements:

Section 20-Voluntary Care Interim Care Order Care Order

Child arrangement order/Residence Order Special Guardianship order

Placed for adoption

Private arrangement/Private Fostering/informal arrangement
(please note you have a duty to notify social care of this arrangement)

Are you a veteran?

Yes No

Additional details about you

*What is your ethnic group? (Choose an option that best describe your ethnic group or background)

White	<input type="checkbox"/> English/Welsh/Scottish	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy/Romany
Black	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other
Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
Mixed	<input type="checkbox"/> White + Black Caribbean	<input type="checkbox"/> White + African	<input type="checkbox"/> White + Asian
Other	<input type="checkbox"/> Please specify:		

What is your Main Spoken Language:

Data Sharing

Summary Care Record (SCR)

The SCR is a summary of your medical history that can be shared between healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information. Only authorised healthcare professionals directly involved in your care can access your SCR. Your SCR will not be used for any other purposes. You can choose how much data is shown on your summary care record.

Please choose which option you would prefer: (please tick)

- Express consent for medication, allergies and adverse reactions only.
- Express consent for medication allergies and adverse reactions and additional information.

If you **do not** wish for authorised emergency healthcare staff to have access to a summary of your record it is important that you tell us.

Please tick the box below if you **do not** want a Summary Care Record.

I do not want a summary care record

More information can be found by visiting www.nhscarerecords.nhs.uk

Electronic Data Sharing Module (EDSM)

Today, electronic records are kept in all the places where you receive healthcare. These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Broom Leys Surgery uses a computer system called SystmOne that allows the sharing of full electronic records across different healthcare care services.

SystmOne has two settings to allow you to control how your medical information is shared. Please tick below:

1. Sharing OUT

This controls whether the information entered on your GP record can be shared with other NHS services (i.e. made shareable).

- Yes – Share data with other healthcare professionals
- No – Do not share any data recorded here

2. Sharing IN

This controls whether information that has been made shareable at other NHS care services can be viewed by your GP surgery or not (i.e. Shared in).

- Yes – Consent given
- No – Consent refused

Please provide information below if known

Height Weight..... Waist Measurement.....

*Are you allergic to any medicines? Yes No (if yes please specify)

*List other allergies (pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of)

Smoking status:

Never Smoked Used to Smoke Currently Smoke If you are a smoker how many cigarettes do you smoke a day?.....

If you are a smoker and would like to stop, please contact Quitready on 03456466666. You can also visit their website www.quitready.co.uk for further advice and information on how to help you stop.

Do you have a Carer? Yes No
If yes, what is their name and contact number?
Do you consent for your carer to be informed about your medical care? Yes No

Are you a Carer? Yes No
If yes, do you look after someone who is a patient of Broom Leys Surgery? Yes No Don't know
If yes, what is their name?
Are they a: Relative Friend Neighbour

Next of kin

Name of next of kin

Relationship to you

Next of kin telephone number(s)

Next of kin address (if different to above)

Electronic Prescription Service

Did you have your prescriptions sent electronically to your chosen pharmacy at your previous practice.
Yes No

Would you like your chosen pharmacy to be changed? Yes No

If yes please state your chosen pharmacy:.....

**Please note any prescriptions you may have will be sent to your chosen pharmacy.
If this section is left blank we will remove the pharmacy from your record should you have one.**

Online Services

Once you are registered at the practice you will be able to apply for an online account. This will allow you to book appointments online and order any regular medications. If you would like to register for this service please ask the receptionist who will be happy to help.

Named Accountable GP

As a practice we are required to allocate you a named accountable GP. Having a named accountable GP does not prevent you from seeing any other GP in the practice.
Your Named accountable GP will be: Dr S Scrivens.












FOR OFFICE USE ONLY

PHOTO ID TYPE: _____ ADDRESS ID TYPE: _____
(Aged 18 and over only)

ID exempt (returning university students only) Staff initials.....Date.....

Please tell us about your alcohol consumption

How many units of alcohol do you drink per week

1 UNIT	1.5 UNITS	2 UNITS		3 UNITS	9 UNITS	30 UNITS
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Medium glass of wine (175ml) 12.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%		 Large glass of wine (250ml) 12.5%		

Questions (please circle your answers)	Unit scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times Per month	2 - 4 times per	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
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
How often during the last year you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
Has a relative or friend, Doctor or other Health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Thank you for providing this information.

We look forward to providing you with high standard of care in a friendly and professional manner.