Harcourt
Medical Centre

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New Patient Questionnaire
Adults (aged 16 and over)

Contact Details			
Title			
Name			
Sex		Date of Birth	
Address			
Mobile number			
Home number			
Work number			
Email address			
Preferred contact method	☐Text Message ☐Email	☐Telephone ☐Letter	
	Do we have your permission to contact you by: Text message Email Voicemail	☐Yes ☐Yes ☐Yes	☐No ☐No ☐No
Marital status	☐Single ☐Divorced	☐Married/Civil Partnership ☐Widowed	
Next of Kin	Name:	Tel:	Relationship:
Family registered with us			

Other details				
Previous GP				
Country of Birth				
Armed Forces	☐Military Veteran Date of enlistment:		☐Family member Date of discharge:	
Ethnicity	☐White (UK) ☐White(Irish) ☐White(Other)	☐Mixed British ☐Black British ☐Black Other	☐Bangaladeshi ☐Indian ☐Pakistani	☐Chinese ☐Other
Occupation				

Health Record Sharing	
When you need medical help it is essential that NHS services can securely access your help record. For further information, please see: www.nhs.uk/NHSEngland/thenhs/records	
Do you consent to your GP health record being made available to other NHS care services that care for you?	☐Yes (recommended) ☐No, except in an emergency ☐Never
Do you consent to your GP Practice viewing your help record from other services that care for you?	☐Yes (recommended) ☐Never

Communication Needs				
Language	Main spoken language: Do you need an interpreter?		☐Yes	☐No
Communication	Do you have any communication needs? (If Yes, please specify below)		☐Yes	☐No
	☐British Sign Language ☐Makaton Sign Language	☐Large Print ☐Braille	☐Hearing aid ☐Lip reading	☐Guide dog

Carer Details			
Are you a carer?	☐Yes - Informal / Unpaid carer	☐Yes - Occupational / Paid carer	☐No
Do you have a carer?	☐Yes Tel:	Name*: Relationship:	

**Only add carer's details if they give their consent to have these details stored on your medical record*

Alcohol						
Please answer the following questions which are validated as screening tools for alcohol use:						
Questions	**Scoring system**					**Your score**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink that contains alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Smoking			
Do you smoke?	☐Never smoked	☐Ex smoker	☐Yes
Do you use an e-Cigarette?	☐No	☐Ex-User	☐Yes
How many cigarettes did/do you smoke a day?	☐Less than one ☐20-39	☐1-9 ☐40+	☐10-19
Would you like help to quit smoking	☐Yes For further information visit : www.nhs.uk/smokefree	☐No	

Height and Weight	
Height cm/ft	
Weight kg/st	

Health Information			
Do you suffer from any of the following illnesses?	Heart Disease	☐Yes	☐No
	Raised blood pressure	☐Yes	☐No
	Stroke or TIA	☐Yes	☐No
	Asthma	☐Yes	☐No
	COPD	☐Yes	☐No
	Type 1 Diabetes	☐Yes	☐No
	Type 2 Diabetes	☐Yes	☐No
	Thyroid disorders	☐Yes	☐No
	Epilepsy	☐Yes	☐No
	Mental health problems	☐Yes	☐No
	Kidney disease	☐Yes	☐No
Do you have any other **serious illnesses**?			
Do you have any **allergies**?			
Are you taking any **regular medication**?			
Pharmacy - please state the name and branch of the Pharmacy that you would like to process your prescriptions (via NHS Electronic Prescription service):			

Signatures	
Signature	I confirm that the information I have provided is true to the best of my knowledge ☐Signed on behalf of the patient
Name	
Date	

And last of all…Don't forget

Please ensure the following are completed and provided so that your registration can be completed successfully

☐Completed & Signed Above Form
☐Completed & Signed GMS1 Form
☐Photo Proof of ID *e.g. Passport, Driving licence, Photo ID Card if possible*
☐Proof of Address *e.g. Bank statement, Utility Bill, eg. from within the last 3 months if possible*

Practice use only

Appointment	☐No	☐Booked	Date:	
Photo ID	☐Passport	☐Driving licence	☐Identity card	☐Other
Proof of Address	☐Utility Bill	☐Council tax	☐Bank Statement	☐Other
Signature				