

New Patient Questionnaire

Date of Completion: _____

Personal Details

Title: Mr Mrs Miss Ms Dr Other* *(please circle)

Name: _____

Date of Birth: _____

Mobile Number: _____

Home Telephone Number: _____

Work Telephone Number: _____

Contact Email Address: _____

Marital Status: *(please circle)

Single / Married / Widowed / Living Together / Divorced / Separated*

Next of Kin / Emergency Contact Details

Next of Kin: _____

Contact Number: _____

Relationship to you: _____

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Ethnicity:

PLEASE STATE YOUR ETHNICITY: _____

MAIN SPOKEN LANGUAGE: _____

Medical History

Do you have any of the following conditions or a family history of:

Condition	Yes/No	Family History
Diabetes – please specify if type 1 or type 2		
Any form of Heart Problems including Angina		
Cancer – benign or malignant		
Renal (kidneys)		
Hypertension		
Epilepsy		
Asthma		
COPD		
Dementia		
Mental Health Issues		
Learning Difficulties		
Thyroid related illness		
Other – Please specify		

If you are between 40 years and 70 years and have answered 'NO' to all the above questions would you like to have a general health check-up? This is a nurse appointment where she does some simple tests to see if you are at risk of heart disease, diabetes, kidney disease and stroke.

YES / NO (R/Code #9mC)

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Alcohol Questionnaire – Aged 16 years and over

Questions	Scoring system					Your score
	0	1	2	3	4	
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	
Only answer the following questions if the answer above is Monthly (1) or Less than monthly (2). Stop here if the answer is Never (0), Weekly (3) or Daily (4).						
How often during the last year have 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 been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

A score of 0 on the first question indicates FAST negative

A total of 1 – 2 on the first question then continue with the next three questions.

A total of 3 – 4 on the first question stop screening at first question.

An overall total score of 3 or above is FAST positive.



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Remaining AUDIT questions (if scored 3 or more on 1st Questionnaire)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	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 - 8	10+	
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 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	
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	

Scoring:

- 0 – 7 Lower risk
- 8 – 15 Increasing risk,
- 16 – 19 Higher risk
- 20+ Possible dependence



DO YOU HAVE ANY SPECIAL NEEDS THAT MIGHT REQUIRE HELP FROM US, FOR EXAMPLE, IF YOU ARE DEAF OR BLIND?

We are committed to giving all patients equal access and will do our best to accommodate any special needs you may have.

Thank you for taking the time to complete this questionnaire.

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YOUR HEALTH RECORDS

NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care.

Unless you have chosen to opt out, your confidential patient information can be used for research and planning. You are able to make or change your decision at any time.

Your confidential patient information provides numerous benefits. It is used in research to find cures and better treatments for diseases like diabetes and cancer.

Most of the time, we use anonymised data for research and planning. So your confidential patient information isn't always needed. If you do opt out, data that does not identify you may still be used.

Confidential patient information can also be used to plan health and care services more effectively.

The NHS and local authorities can plan where they need to provide further care services more efficiently.

With your data, we are better able to develop and improve health and care services for the future. This helps to improve health and social care for you and your family.

The NHS collects health and care data from all NHS organisations, trusts and local authorities. Data is also collected from private organisations, such as private hospitals providing NHS funded care. Research bodies and organisations can request access to this data. Further information can be found at:

<https://www.nhs.uk/using-the-nhs/about-the-nhs/your-health-records/>

There are very strict rules on how your data can and cannot be used, and you have clear data rights. Access to confidential patient information will not be given for marketing purposes or insurance purposes - unless you specifically request this.

Protection of your confidential patient information is taken very seriously and is looked after in accordance with good practice and the law.

Every organisation that provides health and care services will take every step to:

- ensure data remains secure

- use anonymised data whenever possible

- use confidential patient information to benefit health and care

- not use confidential patient information for marketing or insurance purposes (unless you specifically request this)

- make it clear why and how data is being used

- respect your decision if you decide to opt out

- only use information about you where allowed by the law

All NHS organisations must provide information on the type of data they collect and how it is used. Data release registers are published by NHS Digital and Public Health England, showing records of the data they have shared with other organisations.

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Your health records

Manage your choice

Online: <https://www.nhs.uk/your-nhs-data-matters/>

Use this service to request that your confidential patient information is not used beyond your own individual care.

Telephone: 0300 303 5678 Open: 9am to 5pm Monday to Friday (excluding bank holidays).

You may contact the NHS Digital Contact Centre to verify your identity and discuss your data sharing choices. We may be able to guide you through the online service or set a choice on your behalf.

Parents or legal guardians may also set and manage a choice on behalf of their child under the age of 13.

You can set and manage a choice on behalf of another individual, who is unable to manage their choice independently. For example, if you have power of attorney.

If you decide to opt out, this will be respected and applied by NHS Digital and Public Health England. These organisations collect, process and release health and adult social care data on a national basis. Your decision will also be respected and applied by all other organisations that are responsible for health and care information by March 2020.

An opt-out will only apply to the health and care system in England. This does not apply to your health data where you have accessed health or care services outside of England, such as in Scotland and Wales.

If you choose to opt out, your data may still be used during some specific situations. For example, during an epidemic where there might be a risk to other For more information on where opt outs do not apply visit.

<https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/where-opt-outs-dont-apply/>

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Patient Consent Form

We recognise the importance of protecting personal and confidential information in all that we do, and we will take care to meet our legal duties, as the law determines how organisations can use the personal information that we collect.

To Support our statutory obligations, we must inform you of who we will share information with and allow you to determine whether or not you wish us to share the information that we have recorded about you within your patient record. You have the right to withdraw consent at any time and also to change who you wish us to share your information with. Should this be the case, we will inform the relevant partner organisations and advise them of your decision.

I, (Print Name), give/does not give (delete as appropriate) consent for my information to be shared to discuss the care that is provided to identify services and resources which could support my health and wellbeing.

For further information on who we share with and what steps we take to protect the information we hold, please see our Fair Processing (Privacy) Notice.

Please tick against each data set identifying if you wish/do not wish to share data

Record Sharing Initiative	I hereby give consent for my information to be shared	I do not consent for my information to be shared
Summary Care Record		
Care Data		
Local Shared Care Record (local providers only)		

Patient Signature

Dated

For Staff Use Only

Please ensure that the referring organisation is removed from the list of options above.

Ensure that coded and a copy is stored in the paper medical record and shared with the appropriate organisations.

Should the above named patient indicate that they wish to amend the organisations that they have consented to share with or that they have withdrawn consent completely, please ensure that a new form is completed with the revised choices and then share and store as previous.