#### HAZELWOOD GROUP PRACTICE 27 PARKFIELD ROAD COLESHILL BIRMINGHAM B46 3LD

# **NEW PATIENT QUESTIONAIRE** Please complete all sections

<u>TITLE</u>	••	SURNAME			
FIRST NAMES					
DATE OF BIRTH					
<u>NHS NUMBER</u>					
ADDRESS					
<u>POST CODE</u>					
<u>NEXT OF KIN</u>					
Weight		Height			
HAVE YOU SEEN A DO	OCTOR AT T	THIS SURGERY BEFORE			
ETHNICITY (Please tick)	)				
White British	White Irish	Chinese			
Black Caribbean	Indian	Polish			
Ukrainian	Serbian	Traveller			
Other					
PLEASE LIST ANY ALLERGIES YOU HAVE					
PLEASE LIST ANY MEDICATION YOU ARE CURRENTLY TAKING AND WHAT YOU ARE TAKING IT FOR					

### HAS ANYONE IN YOUR FAMILY EVER SUFFERED WITH THE FOLLOWING?

Condition	Tick	Condition	Tick
Asthma		Glaucoma	
Cancer		Heart Problems	
Diabetes		High blood pressure	

#### WHEN WAS YOUR LAST TETANUS VACCINATION? .....

HAVE YOU HAD A PNEUMOCOCCAL VACCINATION
IF YES WHEN

FEMALE PATIENTS-WHEN WAS YOUR LAST SMEAR? .....

FEMALE PATIENTS-HAVE YOU HAD A HYSTERECTOMY?..... IF SO WHEN?

#### TOBACCO CONSUMPTION

SMOKING STATUS	TICK
NEVER SMOKED	
EX-SMOKER	
CURRENT SMOKER (If yes please complete the questions below)	
	ANSWER
WHAT DO YOU SMOKE? Eg: Cigarettes	
HOW MANY A DAY DO YOU SMOKE?	
WOULD LIKE HELP WITH GIVING UP SMOKING?	

#### **ALCOHOL CONSUMPTION**

HOW MUCH ALCOHOL DO YOU DRINK A WEEK AND WHAT DO YOU DRINK?

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PLEASE TELL US WHY YOU WANT TO JOIN US?

#### .....

#### AS A CONDITION OF REGISTERING WITH THIS PRACTICE YOU ARE REQUIRED TO MAKE A NEW PATIENT CHECK WITH ONE OF OUR NURSING TEAM. PLEASE ASK AT RECEPTION FOR DETAILS.

PATIENT SIGNATURE.....

<u>DATE</u> .....

**OFFICE USE ONLY** 

ID CHECKED BY.....

<u>SIGNED</u>.....

#### AUDIT C

QUESTIONS	SCORING SYSTEM				YOUR	
	0	1	2	3	4	SCORE
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	7-9	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	
<b>SCORING</b> A TOTAL OF 5+ INDICATES INCREASING OR HIGHER RISK DRINKING. AN OVERALL TOTAL SCORE OF 5 OR ABOVE IS <b>AUDIT-C</b> POSITIVE				TOTAL SCORE		

## HAZELWOOD GROUP PRACTICE

### **NEW PATIENT INFORMATION SHEET**

Home visits are ONLY carried out to house bound patients. The doctors at the practice do not carry out routine home visits. Patients receive a more comprehensive and thorough assessment at the surgery, this includes children with a temperature. Ring the surgery appointments line before 10:00am to receive a visit for that day.

The doctors reserve the right to prescribe all medicines according to the best medical evidence currently available.

We will regularly review all repeat medications and sick notes rather than simply issuing them routinely.

A registration medical must be carried out with one of our nurses/ Health care assistants in order to get you registered. This must be booked when you are registering. Registration will then take a maximum of 48 hours to put onto the system unless you have a medical emergency.

We work on a telephone triage system. This requires you to ring the surgery on the day you would like an appointment. You will receive a phone call from a doctor that same day and an appointment will be made if necessary. Pre-bookable appointments up to 4 weeks in advance are available.

Blood tests are ONLY carried out for Elderly and infirm patients. All other blood tests must be carried out at George Eliot Hospital.

Hazelwood Group Practice has the facility to contact you by SMS Text Message to your mobile phone. These may be used to notify you about:

- Your booked appointments
- Health Promotions

If you wish to **opt out** of SMS Text Message please tick the box

I have read and understood the above

Signature	Date
Print name	