

Danderhall Medical Practice New Patient Questionnaire

Have you been registered with us before? YES/NO

Full name:

Address:

Post Code:.....

Date of birth:

Telephone Number: Mobile Number :.....

Email Address:

Marital status:

Ethnic origin:

Scottish

Polish

Other Asian Ethnic Group

English

Other Ethnic Group

Black African

Welsh

Other mixed Ethnic Group

Black Caribbean

Northern Irish

Pakistani

Black British

British

Indian

Other Black Ethnic Group

Irish

Bangladeshi

Traveller

Chinese

NHS number (found on medical card):

Patients over 16 years old please also complete:

Height:.....Weight:.....

Are you a Carer? YES/NO

Are you being cared for? YES/NO

Smoking Status (please circle one):

Never Smoked/ Ex Smoker/E-Cigarette /Current Smoker - how many do you smoke per day.....

Do you drink alcohol? YES/NO

If YES How many units per week?

Do you need an interpreter? YES/NO

If YES Which language?.....

Family History – please circle if any of these diseases run in your family

Diabetes

Osteoporosis

Hypertension

Thyroid Disorder

Heart Disease

Cancer (please state type)

Heart Attack

Other:

Stroke

Please turn over to complete the other side

Sharing Your Contact Details

Please help us to keep our records up to date by providing us with details of your mobile number and email address if they change. We may currently use your email address to contact you about your prescriptions. In the future we may send text reminders for appointments. You may withdraw consent to either or both of these at any time by contacting reception.

Do you consent to contact by text? YES/NO

Do you consent to contact by email? YES/NO

Children and Young People Aged 12-16 years

Children from the age of 12 are able to make decisions on their own regarding how their personal information is processed, unless the GP considers otherwise. We will ask for consent before disclosing medical information to their parent or guardian.

If you are aged 12-16 years

Do you consent to information about your health being given to your parent or guardian? YES/NO

Clinical Research

From time to time Danderhall Medical Practice participates in clinical research studies. Clinical research studies can improve the quality of care for patients and help with the development of new treatments for particular illnesses. We would always contact you first about the possibility of being included in a clinical research study to see if it is of interest to you.

Do you consent to us contacting you about taking part in future clinical research projects? YES/NO

Emergency Care Summary (ECS)

Emergency care information such as your name, date of birth, the name of your GP, any medicines which your GP has prescribed, any medicines you are allergic to or react badly to, is shared with emergency and hospital services as this might be important if you need urgent medical care when the GP surgery is closed.

Do you consent to sharing your information with emergency and hospital services? YES/NO

Scottish Primary Care Information Resource (SPIRE)

NHS Scotland uses information from GP patient records to help plan and improve health and care services in Scotland. It uses information from GP practices all over Scotland in a safe and secure way. For further information about SPIRE contact NHS Inform on 0800 22 44 88 or visit <http://spire.scot/>

Do you consent to your information being shared with SPIRE? YES/NO