

NEW PATIENT QUESTIONNAIRE

Dear Patient

*Welcome to Pont Newydd Medical Centre, Porth*

We require you to complete a questionnaire so that we can begin to process your new patient registration.

Your medical records regarding your previous health are still with your last Doctor and can take up to six months to arrive. It is therefore very important that you supply us with the appropriate information regarding your past and present health.

For patients over 16 years of age, if you **are** on repeat medications then you will receive a letter attached to your prescription requesting that you book an appointment for a medication review with a GP

For patients over 16 years of age, if you are **not** on any repeat medications, please book an appointment with the HCA for a new patient health check.

*For Office Use Only:* Appointment Booked for Patient Health Check?

YES

NO

**PLEASE FILL IN ALL SECTIONS OF THE QUESTIONNAIRE.**  
**Please give as much information as you can.**

Thank you for your time and co-operation

*Dr K Pascoe & Partners*

## **If you wish to register with this practice we need your NHS Number**

NHS Wales is using a new system to provide a faster and more efficient service to patients transferring between practices.

**We need your NHS number to register you.**

### **What is the NHS Number?**

Everyone registered with the NHS in England, Wales and the Isle of Man has a unique patient identifier called NHS Number. Most GP practices will send you a letter containing your NHS Number when you register with them.

Your NHS Number helps healthcare staff and service providers identify you correctly and match your details to your health records. This will ensure you receive safe and efficient care within the NHS.

Each NHS Number is made up of 10 digits shown in a 3-3-4 format, usually as follows (**example only**):

9	4	3		4	7	6		5	9	1	9
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### **Where can I get my NHS Number?**

Your NHS Number can be obtained from the following: -

- Your Medical Card – issued when you registered for the first time in the NHS
- Your Repeat Prescription provided by your present GP Practice
- A letter issued by the NHS to you when you registered with your present practice
- Your present practice will be able to provide it to you.

Please record your NHS Number with your other personal details on the form given to you by the receptionist.

Failure to provide your NHS Number may result in a delay in your registration and the ability of this practice to obtain your medical records from your present GP.

**Personal Details:**

Full name .....DOB .....

Address (inc postcode) .....

.....

NHS number \_ \_ \_ \_ \_ NI number \_ \_ \_ \_ \_

Home telephone number .....

Mobile telephone number.....

Is this mobile number?

Patients own  Relationship to patient .....  
Someone Else's

Are you happy to receive appointment reminders via SMS text message from the practice?  
(Please tick box below)

YES  (Admin use - Read code - #9NdP)

NO  (Admin use - Read code - #9NdQ)

Are you happy to receive health invitations (i.e. influenza invite, asthma review's, smear check's etc.) from the practice? (Please tick box below)

YES

NO  (Admin use - Read code - #9Nde)

Your Place of Birth .....

Ethnic Origin ..... Spoken Language.....

Occupation ..... Marital Status.....

Next of kin .....Relationship to Patient .....

Next of kin telephone number .....

Do you have any relatives that are currently registered at Pont Newydd Medical Centre?  
Yes / No

If yes please state patients name and relationship to yourself

.....

Are you a VETERAN      Yes/No

Do you have a CARER      Yes/No

Are you a CARER (and for whom)      Yes/No .....

Do you have any DRUG ALLERGIES      Yes/No

Please give details.....

Do you have any OTHER ALLERGIES      Yes/No

Please give details.....

**Smoking Status:**

Are you a:                      Non Smoker                      Yes/No

E-cigarette smoker              Yes/No

Passive Smoker                      Yes/No

Cigarette Smoker              Yes/No      If so: how many per day.....

Cigar Smoker                      Yes/No      If so: how many per day.....

Pipe Smoker                      Yes/No

Ex Smoker                      Yes/No      Date stopped smoking.....

**Alcohol Status:**

How much alcohol in UNITS do you drink per week?      ..... Units

Some guidance on units:

a pint of lager = 2.3units, a pint of strong beer/lager/cider = 3 units, a 175mls glass of wine = 2.3 units, a 250ml glass of wine = 3units, a single spirit & mixer = 1unit and a 275ml bottle of alco-pop = 1.4units

**Height:** .....

**Weight:** .....

**Exercise:**

Do you take regular exercise?                      Yes/No

If yes, how often do you take exercise for at least 20 minutes sufficiently to make you breathless throughout that time **Please circle your answer.**

Not at all                      once a week                      twice a week  
Three times a week more than three times a week

**Past Medical History/Current Medical Conditions:**

Do you have any medical conditions/chronic disease or have had any major operations that should be brought to our attention? Please list below anything of relevance:

.....  
.....  
.....

**Medication:**

Please list any medication that you are currently taking – we will need confirmation of this. Please include the name of the drug, strength and dose or attach your current repeat slip – without this information we will be unable to issue your medication)

.....  
.....  
.....

**SPECIAL COMMUNICATION REQUIREMENTS:**

Do you have any special communication requirements? .....

Do you have any special needs in accessing services?.....

For example – need letters of correspondence written in Braille / large letters / a language other than English / Sign Language?

.....

**Family History**

It is also important for us to know if you have any significant family history:  
**Please circle your answers below.**

Is there any family history of **HEART DISEASE** (heart attacks, angina or coronary disease)?

Yes/No

If yes please specify family member/s.....

Have there been any deaths from **Heart Disease** before the age of 60?

Yes/No

If yes please specify family member/s .....

Is there any family history of **STROKES?** Yes/No

If yes please specify family member/s.....

Have there been any deaths from **Strokes** before the age of 60?

Yes/No

If yes please specify family member/s .....

Is there any family history of **DIABETES?** Yes/No

If yes please specify family member/s.....

Is there any family history of **ASTHMA?** Yes/No

If yes please specify family member/s.....

Please list below any other Family History we should know about:

.....  
.....  
.....

**Females only:**

Date of last Cervical Smear test .....  
(it is recommended that this test is carried out every 3 years)

Are you taking any oral contraception? Yes/No

Do you have a Coil or Implanon in place Yes/No

Number of children .....

Have you had any miscarriages .....

Any problems in pregnancy/delivery .....

Have you had a Hysterectomy Yes/No

Date of operation: .....

**IMPORTANT – PLEASE READ AND COMPLETE**

Individual Health Record – [ IHR ]

The IHR has been introduced to Wales as part of the NHS Wales initiative to make a summary of important medical information from your GP record available to medical staff delivering urgent care outside surgery hours i.e. Out of Hours Service.

If you decide you do not wish to be part of this service and you would like to discuss your opt-out decision, then please tick the box below and a member of staff will contact you to arrange a convenient time for you to visit the practice to sign the opt-out agreement.

If you do not tick the box then we will assume that you are in agreement to be part of the IHR service. You can at any time opt-out in the future if you change your mind.

Individual Health Record – I wish to Opt-out of IHR



**Pont Newydd Medical Centre**

**Request for a My Health Online Account**

My Health Online is a new online service brought to you from NHS Wales. My Health Online offers patients the convenience to book appointments using the internet. Depending on your practice you may also be able to order repeat prescriptions online or change your contact details. If you wish to register to use My Health Online please fill in the boxes below. To protect patient confidentiality you must provide documents so we can make sure you are who you say you are. When you next visit your practice please return this form and provide two forms of identification, one being a photo ID (e.g. driving license or passport) and the second with your address on (e.g. utility bill).

**Request for a My Health Online Account**

Please set up a My Health Online Account and issue me with a letter containing my account details.

Full Name		
Date of Birth		
Address		
Phone Number		Email :
Signature		Date:

**For Admin staff only:**

**Practice Checklist**

The following checks should be completed before a patient can receive access to My Health Online.

1. Patient's verified email address  
.....
2. Checklist of Documents checked by staff :
  - Bank Statement
  - Passport
  - Drivers License
  - Utility bill
  - Other (please specify) .....
  - Personal Vouch
3. Patient's identity verified by  
.....