

**Ivel Medical Centre  
New Patient Questionnaire**

**Today's Date:**

Please complete this confidential questionnaire (**one for each member of the family** to be registered with the Practice). Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate. If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment. By adding your contact details, you are consenting to receive messages regarding Appointments, Health Campaigns ie flu vaccines and Results.

**IF YOU ARE ON ANY REGULAR PRESCRIBED MEDICINES PLEASE TICK HERE AS YOU WILL NEED TO MAKE AN APPOINTMENT WITH A GP. PLEASE BRING YOUR REPEAT SLIP WITH YOU TO THIS APPOINTMENT.**

**REMEMBER TO REGISTER WITH A NEW PHARMACY IF YOU HAVE YOUR PRESCRIPTIONS SENT ELECTRONICALLY TOO.**

For Reception – Please make Doctor's appointment

<b>Full Name:</b>			<b>Telephone Number:</b>		
<b>Mr / Mrs / Miss / Ms / Other.....</b>			<b>Work Number</b>		
<b>Address and Postcode</b>			<b>Mobile Number:</b>		
			<b>E-mail Address:</b>		
			<b>Next of Kin name and relationship:</b>		
			<b>Next of Kin Contact Number:</b>		
<b>Town &amp; Country of Birth:</b>			<b>Do you have a Learning Disability ? (over 5 yrs old only)</b>		
<b>Date of Birth:</b>			<b>Yes / No</b>		
<b>Marital Status:</b>					<b>Other residents of your home:</b>
<b>Gender:</b>	Male:	Female:	Not Stated:		
<b>Occupation:</b>					
<b>Names &amp; Ages of Children</b>					
					<b>NHS Number (If Known)</b>
<b>Are you on the Organ Donor Register?</b>		<b>Yes</b>			<b>No</b>
<b>Have you served in the Armed Forces?</b>		<b>Yes</b>			<b>No</b>

<b>Your height:</b>	<b>Feet / inches</b>	<b>cm</b>	<b>Your weight:</b>	<b>Stones / lbs.</b>	<b>kg</b>	
<b>Your Religion:</b>	<b>C of E</b>	<b>Catholic</b>	<b>Other Christian (state)</b>	<b>Buddhist</b>	<b>Hindu</b>	<b>Muslim</b>
	<b>Sikh</b>	<b>Jewish</b>	<b>Jehovah's Witness</b>	<b>No religion</b>	<b>Other religion (state)</b>	
<b>Your Ethnic Origin: (select one)</b>	<b>White (UK)</b>		<b>White (Irish)</b>		<b>White (Other)</b>	
<b>Caribbean</b>	<b>African</b>		<b>Asian</b>		<b>Other Mixed Background</b>	
<b>Indian / Brit Indian</b>	<b>Pakistani / Brit Pakistani</b>		<b>Bangladeshi / Brit Bangladeshi</b>		<b>Other Asian Background</b>	
<b>Other Black Background</b>	<b>Chinese</b>		<b>Other</b>		<b>Ethnic Category not stated</b>	
<b>Your main or 1<sup>st</sup> language Spoken / Understood: (select one)</b>	<b>English</b>	<b>Hindi</b>	<b>Gujurati</b>	<b>Urdu</b>	<b>Bengali /Sytheti</b>	<b>Punjabi</b>
<b>Polish</b>	<b>Ukrainian</b>	<b>French</b>	<b>German</b>	<b>Spanish</b>	<b>Other: (Please Specify)</b>	
<b>Smoking, Alcohol Consumption and Exercise:</b>						
<b>Are you currently a smoker?</b>	<b>Yes</b>	<b>No</b>	<b>Have you ever been a smoker?</b>		<b>Yes</b>	<b>No</b>
<b>If so, how many cigarettes / cigars / tobacco do you smoke in a week?</b>						
<b>How much alcohol do you drink in a week (Units)?</b> <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer) see attached guidance</i>						
<b>How often do you exercise?</b>	<b>No. times per week</b>		<b>Type(s) of exercise:</b>			
<b>Your Medical Background:</b>						
<b>What illnesses have you had &amp; when?</b>						
<b>What operations have you had and when?</b>						

<b>Do you have any medical problems at present?</b>		
<b>Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)</b>		
<b>Are you able to administer your own medicines?</b>	Yes	No – please detail specific issues (e.g. swallowing, opening containers)
<b>Do you have any allergies or drug sensitivities?</b>	No	Yes – please give details

<b>Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)</b>	<b>Diabetes</b>	<b>Heart Attack</b>	<b>Heart attack under age of 60</b>	<b>Bowel Cancer</b>	
	<b>Breast Cancer</b>		<b>High Blood Pressure</b>	<b>Asthma</b>	<b>Stroke</b>
	<b>Other Cancer</b>		<b>Any other important Family Illness?</b>		

<b>Specific Needs:</b>	
<b>Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:</b>	
<b>Please state any Sensory Impairment you have (i.e. Speech and Hearing):</b>	
<b>Do you wear glasses?</b>	Yes                      No
<b>Have you had any other problems with your eyes other than wearing glasses? If yes please advise your optician to write to us</b>	Yes                      No
<b>Are you an 'Assistance Dog' User?</b>	
<b>Please state any Physical disabilities you have:</b>	
<b>Please state any Mental disabilities you have:</b>	

Please state any requirements you have to be able to access the Practice premises				
Please state any Religious or Cultural needs:				
Do you require the help of a Translator / Interpreter?				
If you are a Carer, please state the name / address / phone number of the person you care for:		<u>Person Cared For Contact Details:</u>		
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.		<u>Carer Contact Details:</u>		
		<u>Date:</u> <u>Signed:</u>		
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?		Yes / No	If "Yes", can you please provide a written copy of it	
Have you nominated someone to speak on your behalf?		Yes / No	If "Yes", please state their name / address / phone number and provide us with e.g. copy of Power of Attorney or a letter of authorisation:	
<b>Women only:</b>				
When was your last smear done?	Date	Was this at your GP's Surgery?	Yes	NO
What was the result of the smear?				
Date of last mammogram (if applicable):	Date	Method of contraception (if used):		
Do you wish to see a doctor in this practice for contraceptive services (including the pill, coil or cap)?			Yes	NO

Thank you for completing this form. For more information about the services we offer, see our website: [www.ivelmedicalcentre.co.uk](http://www.ivelmedicalcentre.co.uk)



Pint of Regular  
Beer/Lager/Cider



Alcopop or  
Can of Lager



Glass of Wine  
(175ml)



Single Measure  
of Spirits



Bottle of  
Wine

## PRIVACY NOTICE FOR PATIENTS

### Your Information, Your Rights

Our Privacy Notice explains why we collect information about you and how that information may be used to deliver your direct care and manage the local health and social care system.

The Notice reflects;

- What information we collect about you;
- How and why we use that information;
- How we retain your information;
- Who we share your information with and why we do this.

The Notice also explains your rights in relation to consent to use your information, the right to control who can see your data and how to seek advice and support if you feel that your information has not been used appropriately.

A full copy of the Privacy Notice is available via our website at [www.ivelmedicalcentre.co.uk](http://www.ivelmedicalcentre.co.uk)