

Chelsfield Surgery

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CONFIDENTIAL HEALTH QUESTIONNAIRE

Welcome to Chelsfield Surgery. Please help us by completing this questionnaire, as it may take some time for your medical records, from your previous GP, to reach us. The information you give will be used to provide you with good medical care. Please note you will **NOT** be registered if this questionnaire is not fully completed. Please complete this form using BLACK ink. Thank you.

Our website address is www.chelsfield.surgery.co.uk

Full Name: **Gender:** Male Female

Address:

Postcode: **Date of Birth:**

Telephone Number: **Mobile Number:**

Email address:

Occupation: **NHS Number:**
(if under 16 years of age please leave blank)

Next of Kin: **Relationship:**

Next of Kin contact telephone number:

Permission to discuss medical details with next of kin: Yes No

Name and address of previous GP:

Height: *Please attach the height/weight/blood pressure result from*

Weight: *surgery machine – ASK AT RECEPTION FOR A TOKEN*

Any other family members at Chelsfield Surgery:

CHILD REGISTRATION ONLY TO BE COMPLETED WHEN REGISTERING A CHILD AGED 3-16YRS

School attended:

Parent/guardian details:

Name: **Relationship**

Address:

Telephone Number: **Mobile Number:**

Name: **Relationship**

Address:

Telephone Number: **Mobile Number:**

Please ensure that the red Child Health Record Book is brought to surgery on registration

TREATMENT

Please detail treatment/medication currently being received or attach a medication list, including repeat prescriptions:

PRESCRIPTION DESTINATION

Please let us know which pharmacy you would like your prescription to be sent to. If you do not have a preference, it will be sent to our closest, Lloyds Pharmacy, 13 Windsor Drive, BR6 6EY.

We also participate in the Electronic Prescribing (EPS2) scheme, where prescriptions may be sent directly to your preferred chemist electronically. If you would like to do this, please contact your preferred pharmacy to set this up. **Please note if your previous practice was also EPS2 live and you have a chemist already set up, your prescription will automatically be sent there unless you change to a new preferred chemist.**

Destination pharmacy for prescription

If, however, you would like to always collect your prescription from the surgery, please state below:

I would like to collect my prescription from Chelsfield Surgery: YES / NO

IMMUNISATIONS

Please bring your immunisation record/red book along to the surgery or give details below:

ETHNICITY

please tick appropriate box

A	British/Mixed	D	W&B Caribbean	G	Other Mixed	J	Bang/British Bang	M	African
B	Irish	E	W&B African	H	Indian/British	K	Other Asian	N	Other Black
C	Other White	F	White/Asian	I	Pakistani/British	L	Caribbean	O	Chinese

First Language Spoken:

PAST HISTORY

Please give details of any important illnesses, allergies or operations with dates:

Have you ever had any of the following? *(please indicate by circling the relevant illness)*

High Blood Pressure Angina Heart Attack Stroke COPD Diabetes Glaucoma Asthma Cancer Epilepsy

FAMILY HISTORY

Has any member of your family (Mother/Father/Brothers/Sisters) suffered from any of the following? Please indicate by ticking the relevant boxes and state which family member:

Medical History	At what age?	Family member Mother/Father/Brothers/Sisters
High Blood Pressure		
Angina		
Diabetes		
Asthma		

Medical History	At what age?	Family member Mother/Father/Brothers/Sisters
Heart Disease		
High Cholesterol		
Epilepsy		

LIFESTYLE FACTORS - SMOKING

Do you smoke? Yes/No If YES, how many cigarettes a day?

Have you ever smoked? Yes/No If YES, how many and when did you stop?

LIFESTYLE FACTORS – ALCOHOL


How much alcohol, on average, do you drink in units each week?

What type of alcoholic drink to you prefer? Beer/Spirits/Wine Other

1 unit is typically:


UNIT GUIDE

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)



The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 175ml glass of wine (12%)



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 units if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

For Surgery use: Score

HIV TEST

All adult patients in London are now being offered a free HIV test when they register with a new GP. The Department of Health recommends this as 100,000 people in the UK are now living with HIV, half of them live in London, and 1 in 5 do not know they have it. If you would like to have a blood test done please ask your doctor or nurse at your next consultation or tick this box and we will contact you.

Yes, I would like to arrange a free HIV test

CARERS

Do you have a carer? (if yes please give details)

Are you a carer? (if yes please give details)

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SUMMARY CARE RECORDS

This practice is Summary Care Record live, which means that your prescriptions, allergies and adverse reactions are saved on a central database for use by A&E and other care providers if you require treatment when the surgery is closed. If you wish to opt out of this scheme, or for more information, please ask at Reception.

LOCAL CARE RECORDS

The Local Care Record enables the sharing of electronic information between GP practices, hospitals and community services. It allows care professionals to view a patient's medications, previous treatments, test results and any other relevant care information, speeding up decision making and improving the quality of care. If you wish to opt out of this scheme, or require further information, please ask at Reception.

PATIENT ACCESS

Patient Access is a service allowing our patients to access our practice on-line. Appointment checking, booking and cancellation is available, checking medication and ordering repeat medication. You can register for this service at the same time as registering with the practice or subsequently via our website: www.chelsfield.surgery.co.uk

I would like to register with Patient Access for online services: Yes No

CONTACTING YOU

I agree that I may be contacted from time to time, via email and/or text message, with practice news, advice about my health, notification of receipt of results (the actual results will not be sent by email or text) and/or appointment reminders: Yes No

PLEASE BRING THE FOLLOWING IDENTIFICATION TO SURGERY WHEN YOU REGISTER:

Photo identification (eg passport, driving licence, student card)	For surgery use:	<input type="text"/>
Proof of address (eg utility bill, bank statement dated within last 3 months)	For surgery use:	<input type="text"/>
If relevant, please bring red Child Health Book (immunisation page will be copied)	For surgery use:	<input type="text"/>

AGREED PRINCIPLES BETWEEN DOCTOR AND PATIENT:

Please read this carefully and sign the form showing us that you understand the details regarding the medical care we aim to provide our patients. Thank you.

1. Appointments are made for one person at a time. Please do not bring anyone else unless they have their own arranged appointment.
2. Patients arriving late for an appointment may be asked to rearrange it.
3. Patients who frequently do not attend appointments with a doctor or nurse, without cancelling, may be removed from the list.
4. The Doctor will always try to see appropriate medical emergencies on the day.
5. Please remember home visits are for those too ill to attend surgery.
6. Please note that there is a 48 hour processing period for repeat prescription requests.
7. Please read the practice leaflet.

Patient's signature Date:

Clinician's signature Date: