

Patient Name and Date of Birth

Health/Lifestyle Questionnaire

Ethnic Origin, please tick which you feel best describes your ethnic group/background:

White:

British Irish Irish Traveller Traveller Gypsy/Romany Polish Other (Please Specify)

Mixed:

White & Black Caribbean White & Black African White & Asian Other (Please Specify)

Asian or Asian British:

Indian Pakistani Bangladeshi Other (Please Specify)

Black or Black British:

Caribbean African Somali Nigerian Other (Please Specify)

Other Ethnic Group:

Chinese Filipino Other (Please Specify)

First Language:

Interpreter Required: Yes/No

Nationality:

Home Country:

Height (cm):

Weight (kg):

Do you exercise?

Yes/No

Which best described your diet?

Good/Average/Poor

Are you a carer?

Yes/No

Who do you care for?

Do you have a carer?

Yes/No

Who cares for you?

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Medical Details and Family History

1. Please tick if you have, or have had any of the following illnesses or none:

Condition	Y/N	Onset Date	Condition	Y/N	Onset Date
Asthma			Osteoporosis		
Cancer			Coronary Heart Disease		
COPD			Mental Health Problems		
Chronic Kidney Disease			Dementia		
Diabetes			Depression		
Epilepsy			Eating Disorder		
Heart Failure			Peripheral Arterial Disease		
High Blood Pressure			Rheumatoid Arthritis		
Atrial Fibrillation			Sickle Cell		

I have NONE of the above.

I have an illness that is NOT listed above:

2. Please list any CURRENT regular medication, including inhalers and contraception:

Medication	Frequency of taking	Reson

3. Do you have any known allergies? Yes/No

Allergic to: Reaction:

4. Has anyone in your immediate family suffered from....

	Y/N	Details	Relationship
Heart Disease under 60			
Heart Disease over 60			
High Blood Pressure			
Diabetes			
Stroke			
Cancer			
Inherited Disease			
Other			

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5. Smoking Status

Do you smoke? Yes/No/Ex-Smoker

If yes, please choose from the following:

Cigarette smoker/Cigar Smoker/Vape/Trivial cigarette smoker (less than one cigarette a day)

6. Alcohol Intake

Do you drink alcohol? Yes/No

How often do you drink alcohol? Never/Monthly/Weekly

How many drinks do you have on a typical day when drinking? 1-2/3-4/5-6/7-9/10+

How often do you have 6 or more drinks on one occasion? Never/Monthly/Weekly/Daily

7. Drug Use

Do you use recreational drugs? Yes/No

Which drug(s):

8. Cervical Screening/Contraception

Date of last cervical smear: Have you had HPV vaccinations? Yes/No

Are you pregnant? Yes/No

Have you had a hysterectomy? Yes/No

Contraception:

None/Pill/Condom/Coil/Injection/Implant/Sterilisation/Partner had vasectomy

NHS records

There are strict laws and regulations to ensure that your health records are kept confidential and can only be accessed by health professionals directly involved in your care. Some sharing information below.

NHS Summary Care Record (SCR)- an electronic record containing information about the medicines you take, allergies you suffer from and any reactions to medication. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.

I agree to opt in/I DO NOT agree to opt in

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General Data Protection Regulations (GDPR)

I hereby give my consent under the new General Data Protection Regulations 2018 for:

- My Medication to be ordered
- Prescriptions, Letters and Fit Notes (sick notes) to be collected
- Appointments made on my behalf/referral to secondary care (hospital appointments etc)

You have the right to withdraw your consent at any time. It is your responsibility to inform the practice of any change of personal data under the new GDPR 2018.

Signature:

Electronic Health Record Access

Online services of all types are vulnerable to coercion. In the context of Patient Online, coercion might result in patients being forced into sharing information from their medical record, including login details, medical history, repeat prescription orders, GP appointment booking details and other private, personal information.

Would someone else ask for your access to your medical information if you were given online access?

Yes/No

We are able to offer full access to your medical records. If you are interested in this, please speak to a member of the reception team.