

New Patient Questionnaire

ABOUT YOU					STAFF USE	
Title:		Full Name:				
Preferred name: (If differs to registered name)			Date of Birth:			<input type="checkbox"/> ACTION: Add preferred name in Registration using 'Known As' tab
Address:						<input type="checkbox"/> ACTION: Consider Social Prescribing Referral if housing issues
If you are currently without a home address, please discuss with a member of staff.						
Telephone:						
Email Address:						<input type="checkbox"/> ACTION: Set preferences in Additional Registration section
Please tick if you DO NOT wish to be contacted by:			Text <input type="checkbox"/>	Email <input type="checkbox"/>		
Next of Kin Name:			Relationship:			<input type="checkbox"/> ACTION: Add NOK/Parent Names in Family/Relationships in Registration section
Next of Kin Telephone:						
<p><i>If you are registering with us because you have recently left prison, please consider discussing this with the GP. We may be able to request that relevant medical records be transferred to continue your ongoing care</i></p>						
FOR CHILDREN UNDER 16						
Name of School:						
Health Visitor/School Nurse: (If known)						
Social Worker: (If applicable)						
Parent/Carer 1 Name:			Relationship:			<input type="checkbox"/> ACTION: Add NOK/Parent Names in Family/Relationships in Registration section
Parent/Carer 1 Telephone:			Parental Responsibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Parent/Carer 2 Name:			Relationship:			<input type="checkbox"/> ACTION: Add detail under Family/Relationship Links in Registration
Parent/Carer 2 Telephone:			Parental Responsibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there currently a Child Protection Plan or Child in Need Plan in place?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this child a Looked After Child (sometimes known as foster care)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> ACTION: Bring to the attention of the Safeguarding Lead
Does the family have an EHAT (Early Help Team Around the Family)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

OPTIMISING HEALTH				STAFF USE
Your electronic health records should transfer from your old GP in the coming weeks. This section ensures we get to know your health needs before the transfer is complete. If you are not sure about some of the answers, we can check them once your health records have transferred.				
For parents completing this on behalf of their children, please leave blank the sections that do not apply to them.				
<input type="checkbox"/>	I am over 40 – <i>if you have never had a routine health check, please request a nurse appointment.</i>			
<input type="checkbox"/>	I am under 40 and have some health problems (including current mental health problems) – <i>if you would like to discuss these, please make an appointment.</i>			
<input type="checkbox"/>	I am under 40 and have learning disabilities – <i>we will aim to invite you to a health check.</i>			
<input type="checkbox"/>	I am under 40, and do not have medical problems.			
<i>For everyone: If the blood pressure machine is available, you are welcome to use this without an appointment. Please inform reception of your blood pressure reading.</i>				
Current Weight:		Height:		
<i>If your BMI is 30 or above, we may offer you a nurse appointment.</i>				
IMMUNISATIONS AND VACCINATIONS				
Adults		Children		
<input type="checkbox"/>	I have had everything I have been offered	<input type="checkbox"/>	My child has had everything that has been offered	
<input type="checkbox"/>	I think I might be missing some	<input type="checkbox"/>	My child has not had every immunisation that has been offered	
WOMEN'S HEALTH				
Are you currently pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you up to date with your cervical smear screening? (Only applicable to females aged 25-64 with a cervix)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>	
GENERAL HEALTH				
Do you currently smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Never <input type="checkbox"/>	
Cigarettes: (Per day)	Tobacco: (Grams per week)	Vaping: (Per day)		
Are you an ex-smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, when did you stop?				
<i>If you continue to smoke, we encourage you to get support when you decide to quit. Visit www.smokefreeliverpool.co.uk for advice and more information on the benefits of stopping.</i>				

ACTION: Bring to attention of the LD Lead

ACTION: Point out the available BP machine

CODE: Body weight
 CODE: Standing Height

ACTION: Calculate BMI and offer appointment if needed

ACTION: Bring to the attention of the nurse

ACTION: Offer midwife appointment




ACTION: Offer nurse appointment

CODES:
- Never Smoked tobacco
- Cigarette smoker
- Rolls own cigarettes
- Current smoker (for vaping)
- Ex-smoker

CODE: Smoking Cessation Advice

GENERAL HEALTH (CONTINUED)						STAFF USE	
Do you drink alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much?	_____ units per week		<input type="checkbox"/> CODE: Alcohol units consumed per week	
<i>A unit is half a pint, a small glass of wine or a single shot</i>							
Questions	0	1	2	3	4	Your Score	
How often do you have a drink that contains 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 have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+		
How often do you have 6 or more units, if female, or 8 or more units if male, on one occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
Total:							
<i>If you are drinking more than 14 units each week, this is higher than is recommended and could lead to health problems. You might like to contact Liverpool Community Alcohol Service on 0151 471 7784 or make an appointment in the surgery to discuss this more.</i>						<input type="checkbox"/> CODE: (Only if more than 14 units per week) Education about alcohol consumption	
MEDICATIONS							
Are you taking any prescribed medicines or contraceptive pills?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<i>If yes, please continue with the following questions.</i>							
Do you receive your medication in a blister pack?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> CODE: Uses dispensed monitored dosage system	
Do you have any questions or concerns about your medication?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please explain further:							<input type="checkbox"/> ACTION: Bring to the attention of the pharmacist
Do you regularly take codeine, co-codamol, dihydrocodeine, co-dydramol, tramadol, diazepam or zopiclone?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> ACTION: Bring to the attention of the pharmacist	
Please state what pharmacy you wish to nominate to receive your electronic prescription: (NB: You can change your pharmacy at any time)							<input type="checkbox"/> ACTION: Update pharmacy nomination

OPTIMISING ACCESS				STAFF USE
This section ensures we understand what specific needs you may have so that we can make sure everyone has equal access, outcomes, and experiences.				
<i>Please indicate your ethnic origin by ticking one box.</i>				
Asian or Asian British		White		<input type="checkbox"/> CODE: Born in ...
Indian	<input type="checkbox"/>	British	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	Roma	<input type="checkbox"/>	
Any other Asian Background	<input type="checkbox"/>	Any other White Background	<input type="checkbox"/>	
Mixed		Black or Black British		
White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>	
White and Asian	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>	
Any other Mixed Background	<input type="checkbox"/>			
Other				
Arab	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
Any other ethnic group	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	
<i>(Based on 2021 Census Groups)</i>				
Country of Birth:				
<p>Registering with a GP is free, and all medical care you receive in our surgery is free. You can always access healthcare here, even if you are not living in the UK legally. Although GP care is free, there may be charges if you need a prescription or to access hospital care.</p> <p>We will not ask you about your legal status, including before we refer you to hospital, but if you are concerned about this and the potential charges, do talk to your GP. Your legal status will not affect their medical care for you, and it may help them to treat your condition better if they understand your situation.</p> <p>You are not required to answer the following question, but it can be helpful to your GP if they know that you might have experienced some trauma, may be going through an ongoing stressful situation, or may have specific medical needs related to this. You can choose not to answer this question; it will not affect your treatment.</p>				
Are you an asylum seeker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	<input type="checkbox"/> CODE: Asylum Seeker
Are you a refugee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	<input type="checkbox"/> CODE: Refugee and tick to record as problem

LANGUAGE		STAFF USE	
First Language:			
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require a British Sign Language interpreter?  BSL	yes 	no 	
We will book a professional interpreter for you. This might be in person, on the phone or via video, and will always be free of charge. If an interpreter is not available, we may need to rearrange your appointment. Our preference is not to use your family or friends and we will never ask a child under 18 to interpret your consultation		<input type="checkbox"/> CODE: Main Spoken Language ... <input type="checkbox"/> CODE: Interpreter Needed OR Interpreter Not Needed <input type="checkbox"/> CODE: British Sign Language Interpreter Needed <input type="checkbox"/> ACTION: Add alert detailing language interpreter, with the current date	
ACCESS REQUIREMENTS			
<input type="checkbox"/> I have difficulty with my hearing , and I use:			
Hearing Aids <input type="checkbox"/>	Lip Reading <input type="checkbox"/>	Other <input type="checkbox"/>	
<input type="checkbox"/> I have difficulty with my speech , and I would like the surgery to know:			
<input type="checkbox"/> I have difficulty with my sight , and I need information by:			
Email <input type="checkbox"/>	Large Font Size <input type="checkbox"/>	Other <input type="checkbox"/>	
<input type="checkbox"/> I have a neurodiverse diagnosis (such as autism or ADHD) or a learning disability . I would like the surgery to know that accessing the building or consultation room can be supported by:			
I have one of the above access requirements and my preferred main contact is by:			
Email <input type="checkbox"/>	Letter <input type="checkbox"/>	Text Message <input type="checkbox"/>	Phone <input type="checkbox"/>
In an emergency, is there someone you would like us to call to get a message to you urgently? Name and contact details:			
<i>(It is your responsibility to update this information if you have a change in circumstances.)</i>			
<input type="checkbox"/> ACTION: Add alert re: all requirements here, include the date added <input type="checkbox"/> ACTION: Add detail under Family/Relationship Links in Registration <input type="checkbox"/> ACTION: Add alert regarding consent for emergencies			

CARE NEEDS			STAFF USE	
Do you live alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you consider yourself to be housebound? <i>(If you are able to leave the house safely with family or friends, or access a taxi on your own, you are not considered housebound)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> CODE: Housebound
<i>If you are experiencing physical or emotional domestic abuse from a family member or partner, your surgery is a safe place. You can book an appointment to discuss this, and we will support you as best as possible. A good source of support is LDAS: liverpooledomesticabuseservice.org.uk</i>				
Are you a carer for a relative or friend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> CODE: Is a Carer
Do you have a relative/friend as your carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> CODE: Has a Carer
Name of Carer:		Relationship:		
Carer Telephone:				
Do you have an agency providing care for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> ACTION: Add detail under Family/Relationship Links in Registration
Name of Agency:		Telephone:		
In an emergency, do you consent to us contacting your carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> ACTION: Add alert regarding consent for emergencies
<i>(It is your responsibility to update this information if you have a change in circumstances.)</i>				
OTHER PERSONAL BACKGROUND				
Have you ever, or are you currently, serving in the Armed Forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you happy for 'veteran' to be recorded on your medical record? <i>(For some conditions this can be particularly relevant and support any future referrals that might be needed)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> CODE: Military Veteran
My preferred pronouns are:	<input type="checkbox"/> He/Him/His	<input type="checkbox"/> She/Her/Hers		<input type="checkbox"/> ACTION: Add alert if differs from typical pronouns
	<input type="checkbox"/> They/Them/Theirs	<input type="checkbox"/> Other:		
My medical record is currently:	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
<input type="checkbox"/>	I would like to understand more about the process to change my gender marker		<input type="checkbox"/> ACTION: Bring to attention of a clinician	
<i>We will always endeavour to follow preferences, but please be patient with our staff if they slip up – we are dealing with thousands of patients, each with individual needs and preferences, and sometimes we may need a gentle prompt. However, if your preference is persistently not recognised, do give us feedback about this so we can investigate it.</i>				
<input type="checkbox"/>	I have appointed a Lasting Power of Attorney <i>(You will need to ask them to bring their paperwork – this can be done when/if this becomes relevant)</i>	Name:	<input type="checkbox"/> CODE: Lasting Power of Attorney Personal Welfare	
<input type="checkbox"/>	I am subject to a Deprivation of Liberty Safeguard or a Liberty Protection Safeguard		<input type="checkbox"/> ACTION: Bring to the attention of the Safeguarding Lead	
<input type="checkbox"/>	I am subject to a Community Treatment Order			

SUMMARY CARE RECORD				STAFF USE	
A summary care record contains information about your medication, allergies and adverse reactions, and additional further medical information. There is more detailed information available if you would like to know more about your data use.					
Are you happy for your summary care record to be available when you access NHS care outside of your GP Practice? <i>(For example, NHS Out of Hours Services or Accident & Emergency)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> CODE: Choose appropriate Summary Care Record code
Signature:		Date:			
Name: <i>(If signing on behalf of a patient or child)</i>		Relationship:			