

GROVE MEDICAL PRACTICE

**Data Protection Act New patient
Questionnaire (12 – 15 years)**

– Appendix 2 to Annex M

Contact Details

Title

Surname

First Names

Previous Surnames

Home Address

Postcode

Date of Birth

Home Tel

Mobile Number

Email Address

School/College

Can we contact you by Text Message?

Yes No

Can we contact you by email?

Yes No

Information about you

Have you been registered at this practice before?

Yes No

Do you require an interpreter?

Yes No

What is your main language.....

Do you have any communication needs?

Yes No

If yes, what are these needs?

Braille Audio Other (please state)

BSL Large Print

Height (approx.)

.....ft.....in orm

Weight (approx.)

.....st.....lb orkg

Which of the following best describes how you think of yourself?

A: White

British

Irish

Any other White background (Please Write in)

B: Mixed

White and Black Caribbean

White and Black African

White and Asian

Any Other mixed background (Please write in)

C: Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (Please write in)

D: Black or Black British

Caribbean

African

Any other Black background (Please write in)

E: Chinese or other Ethnic Group

Chinese

Any other (Please write in)

Not stated

Is your gender identity the same as you were given at birth?

Yes No

Are you are carer?

(A carer is someone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support)

- Yes No

If yes, who do you care for?

.....

Are you permanently housebound?

- Yes No

If you find it necessary to request a home visit we would be grateful if you could contact us before 10.30am

Medication , Family History & Lifestyle

Do you take regular repeat medication?

- Yes No

If yes please attach a printout of your repeat medication from your previous GP Practice

Are you allergic to any medication?

- Yes No

Please state.....

Have you ever suffered from? (tick as appropriate)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart attack/Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Blindness/Glaucoma |
| <input type="checkbox"/> Other | |

.....

Do you have a family history of any of the following? If yes please detail family member(s) age and relation to you:

- Diabetes
- Epilepsy.....
- Stroke.....
- Asthma.....
- Breast Cancer.....
- High Blood Pressure.....
- Heart Disease.....

Have you had any significant operations?

- Yes No

Please give details:

Are you living with HIV?

- Yes No
 I don't know/unsure

What is your smoking status?

- Current smoker Ex-smoker

How many per day

- Never smoked

Online Services

If you are under 12 would you like to register for on line services so you can:

- Book & Cancel Appointments online
- Order Repeat Medication online
- View aspects of your medical record

We are unable to offer on line services to our patients aged 12 -17 years for confidentiality purposes

Have you registered for Electronic Prescription Services (EPS)?

- Yes No

If yes which pharmacy have you nominated/would like to nominate?

.....

Please remember that you may need to update your nominated pharmacy if you are moving into the area. This can be done by visiting your pharmacy of choice.

Your Data Matters to the NHS

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

You can choose whether your confidential patient information is used for research and planning

To find out more visit : **nhs.uk/your-nhs-data-matters** or call **0300 303 5678**

You can change your choice at any time