

**Parliament Street Medical Centre – NEW
PATIENT QUESTIONNAIRE**



NAME:	
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DOB:	
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ETHNICITY:	
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LANGUAGE:	
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MARITAL STATUS:	
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INTERPRETER NEEDED?	YES	
	NO	

EMPLOYMENT STATUS:	EMPLOYED		SELF-EMPLOYED	
	UNEMPLOYED		RETIRED	

ARE YOU ON ANY CURRENT REPEAT MEDICATION? If yes, you will need a review with our pharmacist	
YES	NO

ARE YOU A CARER?	YES	
	NO	

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?	YES	
	NO	

DO YOU HAVE A CARER?	YES	
	NO	

IF YES, PLEASE GIVE DETAILS BELOW:

SMOKING STATUS:	SMOKER		EX-SMOKER	
	NEVER SMOKED			

HAVE YOU HAD A COVID VACCINE?	YES		NO	
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As part of your new patient screening you will be offered a number of services. Please sign below to say that you are happy for us to note that you have declined the following services if you should choose to decline or do not attend your New Patient Check:

- Blood Pressure Check**
- BMI Calculation**
- Smoking/ Weight/ Healthy Lifestyle Advice**
- Sexual Health Screening (HIV and Hepatitis)** – if you wish for full screening, please arrange a nurse appt

Please note that although these services are offered as part of a New Patient Check, they can be arranged at a later date even if you choose not to take part at this time

Signed: **Date:**.....

Admin Only – Do Not Complete				
Under 8?		Out of Area?		Hostel Address?

Consent to Share Information - Please note that as per practice policy all under 18s will automatically be set to yes

<u>Consent for sharing information OUT</u>	
Do you give consent for your medical records to be viewed by other organisations i.e. district nurse, midwife, physiotherapy services? (please tick)	
Yes, I give consent:	<input type="checkbox"/>
No, I decline consent:	<input type="checkbox"/>
<u>Consent for sharing information IN</u>	
Do you give consent for the Practice to view all entries recorded in your records by other organisations i.e. district nurse, midwife, physiotherapy services? (please tick)	
Yes, I give consent:	<input type="checkbox"/>
No, I decline consent:	<input type="checkbox"/>

Preferred Method of Contact

Please tick below to state your preferred method of contact for all non-urgent communication

Email:	<input type="checkbox"/>	Please use the e-mail address I provided on the New Patient Registration Form (GMS1)
SMS:	<input type="checkbox"/>	Please use the mobile number I provided on the New Patient Registration Form (GMS1)
Letter:	<input type="checkbox"/>	Please use the address I provided on the New Patient Registration Form (GMS1)

If you have any additional communication needs, please state here:

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Electronic Prescription Service

We now offer the Electronic Prescription Service. Please nominate which pharmacy you would like your prescription to be sent to:

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SystemOne Online Services

Do you want to sign up for access to our SystemOne online service. This allows you to book and cancel appointments and request repeat medication 24 hours a day, 7 days a week. Your log in details will be sent to you by your preferred method of contact as marked above.

Please inform reception

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Cytology

If you are a female aged 25-64, not currently pregnant and have not had a cervical smear test in the last 3-5 years please make an appointment with a nurse. You can discuss any queries you may have with them before going ahead with the test.