# 49 Marine Avenue Surgery



Whitley Bay

Tyne and Wear

NE26 1NA

Telephone 0191 252 4527

Website www.49marineavenuesurgery.nhs.uk

**New Patient Questionnaire – Adult**

All information on this form will be kept confidential.

**Personal details**

Name: DOB:

Address:

Title: Gender: Preferred pronoun:

NHS number (if known)

**Contact details**

Mobile: Home phone:

Email address:

We may communicate with you using text messaging or email. If you wish to opt out of this, please inform reception.

**Next of Kin**

Name:

Address:

Contact details: Relationship:

Is this person your carer?

Are you a carer? If yes, give details of who you provide care for?

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**What is your main spoken language?**

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Do you require an interpreter? Y / N, If yes, please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your ethnicity?**
 Tick

|  |  |  |
| --- | --- | --- |
| White  | White British  |  |
|  | Other White  |  |
| Mixed/Multiple Ethnic groups  | White and Black Caribbean  |  |
|  | White and Black African  |  |
|  | White and Asian  |  |
|  |  |  |
| Asian/Asian British  | Indian  |  |
|  | Pakistani  |  |
|  | Bangladeshi  |  |
|  | Chinese  |  |
|  | Any other Asian background  |  |
| Black/African/Caribbean/Black British  | Black African  |  |
|  | Black Caribbean  |  |
|  | Any other Black background (Black/African/Caribbean background)  |  |
| Other ethnic group  | Any other ethnic group including Arab  |  |

Please list all people that live in this household

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person | Adult or Child | Relationship (i.e. Dad, daughter etc) | Registered at this surgery |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Relevant medical history (continue on a blank sheet of paper if required)**

|  |  |
| --- | --- |
| Do you take any medication at present?  |  |
| Are you allergic to anything? If yes, what reaction did you have and when? |  |

Relevant medical history continued

|  |  |
| --- | --- |
| Have you had any operations or serious illness? |  |
| Anything else you feel we need to know? |  |

**Family history**

|  |
| --- |
| Has any member of your close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? Please provide details |
| Heart Disease (over 60 years of age) | Yes / No |
| Heart Disease (under 60 years of age) | Yes / No |
| High blood pressure | Yes / No |
| Stroke | Yes / No |
| Diabetes | Yes / No |
| Asthma | Yes / No |
| Cancer | Yes / No |
| Depression / Mental Health Illness | Yes / No |

|  |
| --- |
| Do you have a social worker? If yes, provide details below |

The Accessible Information Standard aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

• Do you have communication needs? Yes / No

• Do you need a format other than standard print? Yes / No

• Do you have any special communication requirements? Yes / No

• How do you prefer to be contacted?

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• What is your preferred method of communication?

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• How would you like us to communicate with you?

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• What is the best way to send you information?

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• What communication support could we provide for you?

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**Summary Care Record (SCR)**

The SCR is an electronic record of important information about your health such as allergies or current medication. It is accessed by healthcare professionals to ensure they can provide safe treatment for you. If you **do not** wish to have a summary card record please tick this box

**For surgery use only**

**Proof of ID seen Yes / No**

**ID seen by (staff name) Yes / No**

**Information recorded on SystmOne Yes / No**

**Task sent to GP group if any safeguarding history Yes / No**