**KING STREET SURGERY New Patient Medical**

We ask all new patients to complete this confidential questionnaire. These measures will give us a useful baseline and help us to readily identify any problems. Please complete this questionnaire and return it to reception.

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| --- | --- | --- | --- |
| Name |  | DOB |  |
| Address |  | Mobile |  |
|  |  | Marital Status |  |
| Post Code |  | E-mail Address |  |
| **Emergency Contact** |  | Relationship |  |
| Contact Details |  |  |  |

**PERSONAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you experienced any of these illnesses?** | **Date of 1st diagnosis** | **Has a family member experienced any of these?** | **Date of 1st diagnosis** |
| **YOUR HISTORY** | Yes | No |  | **FAMILY HISTORY** | Yes | No |  |
| Asthma |  |  |  | Asthma |  |  |  |
| COPD |  |  |  | COPD |  |  |  |
| Diabetes |  |  |  | Diabetes |  |  |  |
| Epilepsy |  |  |  | Epilepsy |  |  |  |
| Hypertension |  |  |  | Hypertension |  |  |  |
| MI |  |  |  | MI |  |  |  |
| Angina |  |  |  | Angina |  |  |  |
| Coronary Disease |  |  |  | Coronary Disease |  |  |  |
| Stroke |  |  |  | Stroke |  |  |  |
| Kidney Disease |  |  |  | Kidney Disease |  |  |  |
| Cancer |  |  |  | Cancer |  |  |  |
| Hyperlipidaemia |  |  |  | Hyperlipidaemia |  |  |  |
| Vascular Disease |  |  |  | Vascular Disease |  |  |  |
| Thyroid Disease |  |  |  | Thyroid Disease |  |  |  |
| Mental Health |  |  |  | Mental Health |  |  |  |
| Other |  |  |  | Other |  |  |  |

**Please list details below of:**

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| --- |
| **Operations you have undergone and/or disabilities you have**  |
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| **Medication you are taking at the moment** |
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| **Allergies** |
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| **Smoking** |  | **Alcohol Consumption** |  | **Blood Pressure** |  |  |
| Never smoked |  | Units of alcohol per week |  | Have you ever had your blood pressure tested? | Yes | No |
| Current smoker |  |  |  | If tested, was it high? | Yes | No |
| Ex-smoker |  |  |  |  |  |  |

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| **Immunisations** (if known, please list below) |
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**FEMALE PATIENTS ONLY**

**LAST SMEAR RESULT:**

Do you use the Pill/Sheath/Coil/Cap/Nothing?

If you take the contraceptive pill, which one?

How long have you taken it for?

Are you fitted with the coil **Yes/No**. When was it fitted

Have you ever had a miscarriage/termination. If so when?

Have you ever had a hysterectomy? **Yes/No**  When

Are you immune to Rubella (German Measles)? **Yes/No**

Last Breast Screening Result (if applicable)

**CARERS**

Are you a carer (either formally or informally)? **Yes/No**

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| **Is there any other useful information you feel might be helpful for your GP to know?** |
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**Information Sharing/ Key Information Summary (KIS)**

The Key Information Summary (**KIS**) is a collection of information about a patient extracted from the patient’s general practice record.

A **KIS** has to be specifically created for each patient.  This is a task normally carried out by a doctor, and with the consent of the patient or their carer(s).  The KIS information is shared centrally making this information available to other people and services looking after the patient e.g. **out-of-hours services, the Scottish Ambulance Service or NHS24.** Each service may use the KIS to gain more information about people they are in contact with.

The aim is that better information and planning for these patients can help keep them at home or in the community, thereby, reducing unnecessary hospital care.

I consent to my information being shared via a Key Information Summary if my doctor decides that it is appropriate to do so.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed**  |  | **Date** |  |

**ETHNIC ORIGIN**

|  |
| --- |
| **Black, Black Scottish or Black British** |
| Caribbean (9S2) |  |
| African (9S3) |  |
| **Other Black** (specify) (9SG) |  |

|  |
| --- |
| **White** |
| Scottish (9S13) |  |
| Other British (9S14) |  |
| Irish (9S11) |  |
| **Other White** (specify) (9S12) |  |

|  |
| --- |
| **Mixed** |
| Any mixed background (specify) (9SB) |  |

|  |
| --- |
| **Other Ethnic Background** |
| Any other background (specify) (9SJ) |  |

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| --- |
| **Asian, Asian Scottish or Asian British** |
| Indian (9S6) |  |
| Pakistani (9S7) |  |
| Bangladeshi (9S8) |  |
| Chinese (9S9) |  |
| **Other Asian** (specify) (9SH) |  |

|  |
| --- |
| **Other** |
| Prefer not to say (9SD) |  |

**INTERPRETER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Do you need an interpreter? If so, which language: