

April 2023



New Patient Questionnaire

UNDER 16s

For reception - Type of ID:
Catchment area postcode checked:
Sign:

Please complete this form so we have some useful information about you before your old notes arrive and so that we can offer you services to help maintain your health.
Please show proof of name and address

ABOUT YOU:

Title.....Full Name.....Previous Name.....
Do you have a preferred name?.....
Date of Birth:/...../.....
Gender: Male Female Other.....
Religious affiliation:
Nationality:
Main Spoken Language
Do you require the help of a Translator/Interpreter? YES / NO

CONTACT INFORMATION

Home telephone.....
Mobile telephone.....

ETHNICITY :

**Having information about patient's ethnic groups is helpful to the NHS so that it can plan and provide culturally appropriate and better services to meet patient's needs.
(This information is voluntary)**

Next of Kin

Name.....
Telephone number.....
Relationship to you.....

SERVICE FAMILIES AND MILITARY VETERANS

I AM under 18 and my parent(s) are serving member(s) of the armed forces

I AM under 18 and my parent(s) are Veteran(s) of the armed forces

REACTIONS TO DRUGS AND ALLERGIES

Have you had a reaction to any medication, or do you suffer from any allergies?
If so please give details

.....

HEALTH CONDITIONS

Have you ever been **diagnosed** with any of the following conditions? (Please tick)

Diabetes Thyroid disease Stroke or transient ischaemic attack Cancer

High blood pressure Heart disease Learning disability

Are you **taking medication** for any of the following?

Asthma Mental illness Epilepsy Other long term chest problem

Are you taking any **other prescribed medication**? Yes No

If you have any other **health conditions** please give details:

.....

If you have ticked any of the above boxes please can you book a **double appointment** with a **doctor**.

SPECIFIC NEEDS:

Do you have any sensory needs (i.e Speech / Sight / Hearing)

Please state any physical disabilities you have:.....

Please state any mental disabilities you have:.....

Do you have any Religious or Cultural needs?.....

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TO APPLY FOR OUR ON LINE SERVICES, PLEASE ASK RECEPTION FOR A PROXY ACCESS FORM

NATIONAL DATA OPT OUT

The national data opt-out allows a patient to choose if they do not want their confidential patient information to be used for purposes beyond their individual care and treatment – that is for **research and planning**. Patients, or people acting for them by proxy, have control over setting or changing their own opt-out choice, and can change their mind at any time.

The Government are wishing to do the first extract of pseudoanonymised data some time after 23 June 2021.

Patients wishing to Opt Out of the National Data Opt Out can do the following:

- 1) Go to the NHS App via a Smart phone and it is simply to opt out through this medium once one has signed up for the NHS App.
- 2) Go to the NHS Web Site via a tablet or PC:
<https://digital.nhs.uk/services/national-data-opt-out>
- 3) Go to the Practice Web Site and further information can be found in our Privacy Notice:
<https://watershipdownhealth.com/practice-information/privacy-notice-and-policies/privacy-notice/>
Appendix A - General Practice Data for Planning and Research (GDPR)
- 4) Email: enquiries@nhsdigital.nhs.uk
- 5) Postal address:
National Data Opt Out
Contact Centre
NHS Digital
HM Government
7 and 8 Wellington Place
Leeds
LS1 4AP
- 6) You can also make or change a choice for yourself by phoning the NHS Digital Contact Centre. The phone number is **0300 303 5678** – Monday to Friday, 9am to 5pm (excluding bank holidays).

PLEASE NOTE THAT THIS SHOULD NOT BE CONFUSED WITH THE OPT OUT WHERE A PATIENT CAN SHARE THEIR DATA WITH OTHER HEALTH ORGANISATIONS THROUGH THE SUMMARY CARE RECORD/CHIE E.G. WHERE A PATIENT CONSENTS TO SHARE THEIR DATA WITH A HOSPITAL OR AMBULANCE TRUST SO THAT IN THE CASE OF THEM BEING ADMITTED THE HOSPITAL/AMBULANCE WILL KNOW ANY MEDICATION AND ALLERGIES THAT THEY MAY HAVE.