



## The Leiston Surgery New Patient Questionnaire

Welcome to Leiston Surgery. It is essential that you complete this form in full and return it to reception alongside your GMS1 form. A separate form is required for each family member.

If you wish to have a New Patient Health Check with one of our Health Care Assistants, you can make an appointment by contacting reception on 01728 830526. Please note this service is only available to patients over 14 years of age.

If you receive repeat medication you will need to provide a repeat slip, you may need a telephone call with our clinical pharmacist, which we will arrange for you.

### Your Details

<b>Full Name</b>		<b>Date of Birth</b>	DD/MM/YYYY
<b>Address</b>			
		<b>Postcode</b>	

### Contact Details

<b>Home No.</b>		<b>Mobile No.</b>	
<b>Work No.</b>		<b>Email</b>	

Please tick below to indicate your preferred method(s) of contact:

**Mobile**

**Landline**

**Email**

### Next of Kin

<b>Name</b>		<b>Relationship</b>	
<b>Contact No.</b>		<i>Please note this person will be recorded as your emergency contact unless you advise otherwise.</i>	

### Medical History

Please state below if you have any medical conditions, allergies, or have had any illnesses or operations.	

### Dispensing

Leiston Surgery is a dispensing practice – please tick below if any of the following apply, meaning you would require a doctor to dispense your medication:

**I live more than 1.6km in a straight line from the nearest chemist**

**I would have serious difficulty getting to a chemist**

### Ethnicity

White British

Black or Black British

Asian or Asian British

Chinese

Other Ethnic Group  (Please State) \_\_\_\_\_

First Spoken Language: \_\_\_\_\_

Interpreter Needed? Yes  No

Office  
use  
Only

## About You

Height (cm)		Weight (kg)	
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Do you currently smoke? Yes  No

How many do/did you smoke per day?	
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How long have/did you smoke for?	
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How many units of alcohol do you consume per week?	
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• Pint of beer/lager/cider = 2 units    • Glass of wine (175ml) = 2 units    • Bottle of wine = 9 units  
• Alcopop or can of lager = 1.5 units    • Single measure of spirits = 1 unit

## Your Care Needs

Are you a carer? Yes  No

Do you have a carer? Yes  No

If yes, please state the name and relationship of the person you care for/your carer below.

*If you are a carer, please ask for a carers information pack at reception.*

Are you a veteran? Yes  No

Do you have any history of suicide in your family? Yes  No

Do you consider yourself to have any information or communication needs? Yes  No

If yes, please give details below of your need(s) and outline the best way we can help you.

## Summary Care Record

Throughout England, NHS organisations use something called the Summary Care Record (SCR) in emergency care. Your SCR contains information about medications you are taking, allergies and reactions to medications to ensure those caring for you having enough information to treat you safely. You will be automatically opted into the Summary Care Record. For more information, or to opt out please speak to reception.

## Privacy Policy

Our practice currently holds a Privacy Policy. Further information on what this policy details can be found on our website ([www.leistonsurgery.com](http://www.leistonsurgery.com)) or you can ask reception for a hard copy of the policy.

## Online Access

SystemOnline is a service provided by our clinical system supplier that enables you to access your practice online, including: appointment & telephone consultation booking, repeat medication requesting and viewing of some areas of your medical record. For more information on this, please see the attached sheet.

## Electronic Prescription Service (EPS)

GPs can now sign and transmit your prescriptions to a nominated pharmacy with no need to produce a paper prescription. This will allow you to collect your medication from a pharmacy at a location convenient to you - this can be near your place of work.

If you would like to take advantage of this service please speak to reception or our dispensary, and your medical record will be updated. Alternatively, you can sign up at your preferred pharmacy.

## Declaration

I confirm I have read and understood the above information, and the details I have provided are correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RECEPTION USE ONLY

ID verified by (print name):

Method:

Date verified:

Vouching  Photo ID