

# King Street Medical Centre

## New Patient Questionnaire

96-98 King Street  
 Dukinfield  
 SK16 4JZ  
 0161 330 2157

Please fill out this form using CAPITAL LETTERS

tgccg.kingstreetmedicalcentre@nhs.net

Patient Details		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please state)	Address:	
First Name:		
Surname:		
Date of Birth:		
Gender:		Postcode:
Occupation:		Home Tel No:
Email:	Mob No:	
Marital Status:		

Ethnic Origin:		
<input type="checkbox"/> White British	<input type="checkbox"/> White & Black Carribean	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other White	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Do not wish to state
<input type="checkbox"/> Black Carribean	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Ethnic Group (Please state)
<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	
<input type="checkbox"/> Other Black	<input type="checkbox"/> Pakistani	

Next of Kin	
Full name:	Relationship:
Tel No:	Mob No:

Language Support	
What is your first language:	Do you use any of the following:
Do you speak English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Language: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language?:	

Additional Information			
Religion:			
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Hindu	<input type="checkbox"/> Other religion (Please state)
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh	
<input type="checkbox"/> No religion	<input type="checkbox"/> Do not wish to state		

Are you a Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you give permission for this to be recorded in your medical records? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who do you care for:

Health Overview		
Height:      cms	Weight:      kgs	BMI:
Blood Pressure:      /	Pulse Rate:	

Smoking Status:
Never smoked <input type="checkbox"/> Ex smoker <input type="checkbox"/> Current Smoker <input type="checkbox"/> How many per day?

Alcohol Status:
Approximate number of alcohol units consumed per week:
How often do you have an alcoholic drink? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> More than 4 times a week
How many units of alcohol do you have on a typical day when you are drinking? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 6 or more
How often do you have 6 or more (female) or 8 or more (male) units on one occasion? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily/almost daily

Have you or a close relative ever had any of the following illnesses?:

\*Please state nature of relationship

	You	*Relative		You	*Relative
Asthma			Diabetes		
High BP			Stroke		
Glaucoma			High Cholesterol		
Cancer			Depression		

Other (please state):


Do you consider yourself to have any disabilities?:
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify)

Do you have any allergies?:
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please state)

Please provide any medical records/evidence of any previous vaccinations given

### Summary Care Record

A Summary Care Record (SCR) is an electronic record of important patient information created from GP medical records. They can be seen and used by authorized staff in other areas of the health and care system involved in your care.

You may also wish to get further information from this website: <https://digital.nhs.uk/services/summary-carerecords-scr>

If you DO NOT want a Summary Care Record, please complete the following section:

No – I do not wish to have a Summary Care Record (please tick) – I understand that this means, should an emergency arise, healthcare staff will be unable to access information regarding any medication I am taking, any allergies I suffer from or any bad reactions to medicines I have. I understand that I can opt back in at any time by contacting my GP practice.

### Communication

**Text Messaging:** If you have a mobile phone number you can choose to opt in to receiving messages regarding appointments confirmations, appointment reminders, health campaigns (eg. flu jab). Please tick the following if you wish to opt in to this service:

Yes – I agree to King Street Medical Centre sending relevant text messages to my mobile phone number

Alternatively, you can download the app to receive the same messages: <https://www.mjog.com/messenger/>

### Electronic Prescriptions

The electronic prescription service (EPS) is an NHS service. Please read the dedicated information sheet within the new patient pack for full details.

If you wish to enroll to this service, please complete the following

Yes – I have read the EPS information sheet and wish to enroll to the service My nominated pharmacy is:

I confirm that I have read and understood all of the above information and give or do not give my consent as indicated in each section.

Print Name:

Signature:

Date: