

# New Patient Health Check Form

## Personal details

Today's date:

Title:

Surname:

First name(s):

Sex: (please tick)

- Male
- Female
- Prefer not to say

Date of birth:

Are you a student?

- Yes
- No

If so what is the name of your college or institution?

Which course are you taking?

When does your course finish?

Height:

Weight:

## **Communication support needs**

**Do you have any information and communication support needs? For example, would you like information in **Large Print** or **Easy Read** format? Do you use a hearing aid or communicate in **British Sign Language**? Do you need a language interpreter?**

**Please tell us your preferences:**

**My GP can share my communication needs and preferences with other health services.**

- Yes
- No

## **Medical History**

**Do you have or have you ever had any significant medical problems? E.g. diabetes, heart disease, cancer etc. Please specify dates of onset and operations.**

**Do you take any medicines? Please list.**

**Do you have a family history of significant illness?  
E.g. diabetes, heart disease, cancer etc.**

**Do you have any allergies? Please list them.**

## **Carers**

Carers are people who care for a family member, a friend or another person in need of assistance or support with daily living.

**Are you a Carer?**

- Yes
- No

## **Do you have a Carer?**

- Yes
- No

If the answer to either of these questions regarding carers is yes then please ask reception for another form.

## **Ethnic group and language**

**Please tick below which best describes your ethnicity:**

- White British
- White Irish
- Any other white background
- Pakistani or British Pakistani
- Bangladeshi or British Bangladeshi
- Indian or British Indian
- Any other Asian background
- Mixed White & Black Caribbean
- Mixed White & Black African
- Mixed White & Asian

- Any other mixed background
- Black or Black British, Caribbean
- Black or Black British, African
- Any other Black background
- Chinese
- Any other ethnic group

**What is your main spoken language?**

**Do you need an interpreter?**

- Yes
- No

## **Lifestyle: smoking**

**Do you smoke or have you ever smoked?**

- Yes
- No

If no, skip to the next section.

**How many cigarettes do you smoke daily?**

**Are you an ex-smoker?**

- Yes
- No

**If yes, how many did you used to smoke daily?**

**If yes, when did you give up?**

## **Lifestyle: alcohol**

**Do you drink alcohol?**

- Yes
- No

**If no, skip to the next section.**

**How many units per week:**

**How often do you have a drink that contains alcohol?**

- Never (0)
- Monthly or less (1)
- 2-4 times per month (2)
- 2-3 times per week (3)
- 4+ times per week (4)

**How many standard alcoholic drinks do you have on a typical day when you are drinking?**

- 1-2 (0)
- 3-4 (1)
- 5-6 (2)
- 7-9 (3)

- 10+ (4)

**How often do you have 6 or more standard drinks on one occasion?**

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

**TOTAL SCORE =**

## **Questions for women only**

**Have you had a cervical smear test?**

- Yes
- No

**If yes, what was the result? (if known)**

- Normal
- Abnormal

**Date (if known):**

**Where was it done? (e.g. GP, sexual health clinic)**

**Was it done by a GP in the UK?**

- Yes
- No

**Have you ever had an abnormal results?**

- Yes
- No

## **Additional Information**

**Would you like an HIV test?**

- Yes
- No

If you answer yes we will send you a form to have the test done.

## **Immunisations**

**Please state which immunisations you have had and which year you had them (if known).**

## **Data sharing**

### **Camden Integrated Digital Record**

Camden Integrated Digital Record (CIDR), enables your Camden care providers to view the relevant



information about the care you receive, and so give you the best possible care.

**I want to opt in to CIDR so Camden care providers can see my records when they are treating me.**

- Yes
- No

### **Summary Care Record**

If you have a Summary Care Record your health care providers can view information about your medical needs when you're admitted to hospital, when treating you in an emergency, or when your practice is closed. The information they can see is your:

- current medication
- bad reactions to medicines
- allergies

**I want to have a Summary Care Record.**

- Yes
- No

### **Care.Data -**

This is so the NHS can use information to get a complete picture of what is happening across health and social care and to plan services according to what works best. It helps the NHS understand the health

needs of everyone and the quality of the treatment and care provided and reduce inequalities in the care provided. It is a new record that will not contain information that identifies you.

**I agree to opt in.**

- Yes
- No