

Gower Street Practice New Patient Health Check Form

Title Male Female Date of Birth Today's Date (Please enter dates as DD/MM/YY)

Surname/Family Name First Names

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

Do you have any significant medical problems either now or in the past? Specify dates.

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.

Are you carer for someone else? Yes No

Do you have a carer? Yes No

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

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

We want to make sure you can read and understand the information we send you. We will normally write letters in standard text. If you find it hard to standard text please ask the receptionist for an "Accessible Information Form".

Are you happy to receive letters in standard text? Yes No

Ethnic Monitoring

White

- British
- Irish
- Other White background

Black or Black British

- African
- Caribbean
- Other Black background

Asian or British Asian

- Bangladeshi
- White and Asian
- Indian
- Pakistani
- Other Asian background

Mixed

- White and Black African
- White and Black Caribbean
- Other mixed background

Other

- Chinese
- Declined to state
- Any other (please specify)

What is Your Main Spoken Language?: _____

Do you need an interpreter? Yes No

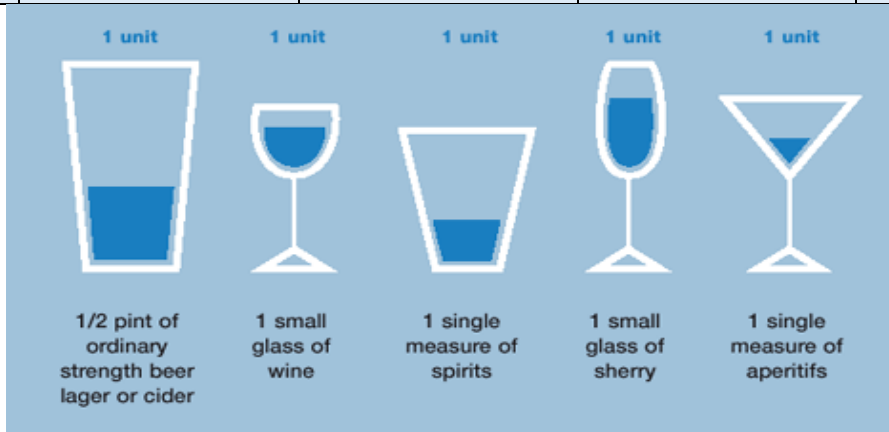
Smoking

Do you smoke? Yes No If so, how much?

Did you used to smoke Yes No If so how many did you smoke daily?

When did you give up? How long did you smoke for?

Do you drink alcohol?		Yes	No	If yes, how many units per week? (see chart below to help calculate the number of units)	
How often do you have a drink containing alcohol?					
Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times a week <input type="checkbox"/>	4 or more times a week <input type="checkbox"/>	
How many units of alcohol do you have on a typical day when you are drinking?					
1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or 6 <input type="checkbox"/>	7 to 9 <input type="checkbox"/>	10 or more <input type="checkbox"/>	
How often do you have six or more standard drinks on one occasion?					
Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>	



Cervical Smears (women only)

Have you had a cervical smear? Yes No If yes, when was it last done? _____ Where? _____

Was the result normal? Yes No Was it done at a GP practice in the UK Yes No

Ever had an abnormal smear 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 list your immunisations and dates if you are aware of them.

NHS Records

There are strict laws and regulations to ensure that your health records are kept confidential and can only be accessed by health professionals directly involved in your care. There is some sharing of information as detailed below. You can opt out of any of these at any time if you wish.

Camden Integrated Care Record (CIDR) – this is a local initiative linking together your health and social care information. This is so your care providers in Camden can view the information needed in one place, to provide you with integrated care.

I agree to opt in I do not agree to opt in

Summary Care Record (SCR) - this is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.

I agree to opt in I do not agree to opt in

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 will not contain information that identifies you.

I agree to opt in I do not agree to opt in