**Stopgate Lane Medical Centre**

**New patient medical questionnaire**

Please complete this form and return completed with your GMS1 form. It can take approximately six weeks before we receive your medical records from your previous surgery. By completing the below we will have a good knowledge of your medical history should you wish to see a GP/nurse. All information given will be treated in the strictest of confidence.

When submitting this form the receptionist will tell you if you need to have a new patient medical with this nurse and book it for you. This is so that the practice understands your medical needs as soon as possible.

Information about you and your health

|  |  |
| --- | --- |
| Full name inc title |  |
| Previous name |  |
| Address  With Postcode |  |
| Mobile telephone number |  |
| Landline number |  |
| Date of birth |  |
| Email address |  |
| Any allergies? |  |
| Any relevant medical history? |  |
| Are you taking any regular medication? Please provide last GPs repeat list if available | PS We offer on line ordering of repeat medication. Please ask at reception for your password for access to this. |

About your lifestyle

* Do you smoke? Yes / No If yes how many per day?

Would you like any help in giving up smoking?

* Do you drink alcohol? Yes / No If so how often and what do you drink?
* Do you do any physical activity (walking/aerobics/working/housework etc)? Yes / No

How much times per week

|  |
| --- |
| **Do you have a family history of any of the following? If so please state which relative:**  Angina / heart attack  Stroke  High cholesterol  Diabetes  Asthma  High blood pressure  Cancer (if so what type) |

Family health

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| --- |
| **Do you have a carer or do you care for anyone ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PLEASE LET US KNOW. We promote support for carers and if you fill out a form from reception we can keep it on record and will assist such as setting up an appointment time that's suits you. See our website for support services and a link to have an assessment from Liverpool Council to obtain support as since 2016 all carers will be entitled to this.**  ([www.stopgatelanemedicalcentre.co.uk](http://www.stopgatelanemedicalcentre.co.uk))  Do you give us consent to your carer to discuss you Health Problems with them ?  Name of Carer \_\_\_\_\_\_\_\_\_\_\_\_Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_ consent signature\_\_\_\_\_\_\_\_\_ |

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| In accordance with The Accessible Information Standard please accept the below as formal notification of information and communication preferences. This includes carers. We offer on line ordering of repeat medication also and an easy read leaflet of how it works available at reception. |
| I communicate using (e.g. BSL, deafblind manual, text - see above) |
| To help me communicate I use (e.g. a talking mat, hearing loop & hearing aids): |
| I need information in (e.g. braille, easy read): Please note our website [www.stopgatelanemedicalcentre.co.uk](http://www.stopgatelanemedicalcentre.co.uk) has font that can be enlarged. |
| If you need to contact me the best way is (e.g. email, telephone): |



**SMS (Text) Messaging Service**

We may use SMS messaging to communicate with patients who have provided us with a mobile number, for the purposes of health education/promotion, data collection, test results and appointment reminders.

**Please let us know if you wish to opt out of this**

We **do not** currently offer a reply facility unless requested by us in the message.