Pen Y Bont Surgery - New Patient Questionnaire

Thank you for applying to register with us at Pen Y Bont Surgery. As it can sometimes take a while for GP records to be received from your previous practice, we ask that you complete this questionnaire and attend for a 'new patient medical' with one of our nursing team. This gives us a chance to record your basic health background so that we have enough information to enable us to safely care for you until your medical records arrive. The information provided will also help us to identify if you need specific monitoring or treatment for your health or medicines and will help us focus on your individual needs and priorities.

Please note that we may not be able to safely treat you without the information in this form and so require it to be completed and returned to us before we can register and treat you.

Your Name:	
Date of Birth:	
Marital Status	☐ Single ☐ Married ☐ Divorced / Separated ☐ Co-habiting ☐ Other *(please state)*
Landline Phone:	
Mobile Phone:	
Email:	
Main or first language:	☐ English ☐ Welsh ☐ Other *(please state)*

Next of Kin / Emergency contact

Name:	
Contact details:	
Relationship to you:	

Medicines and Supplements

	Yes	No
Are you on any regular GP prescribed medicines?	☐	☐
Are you on any regular Hospital or Clinic prescribed / supplied medicines?	☐	☐
Do you use any "over the counter" medicines? *(painkillers, aspirin etc)?*	☐	☐
Do you use any vitamin, mineral, herbal or other supplements regularly?	☐	☐

If you've answered yes to any question, please enclose a copy of your ***most recent repeat prescription*** *or give further details – which medicine or supplement (full name & dose, how often, who prescribes it (if relevant) and why you take it?)*

If you take prescribed medicines, we ***must*** see a copy of all of your most recent repeat prescription including last issue dates before we can safely provide you with care and treatment. Your previous GP surgery will be able to supply a copy if either you or your pharmacist don't have it.

	Yes	No
Are you on any medicines for which you have regular blood tests? *(e.g. warfarin, methotrexate etc)*	☐	☐
Do you have any regular injections by a GP or nurse*? (e.g. B12, Zoladex, Depot Contraceptive etc)*	☐	☐

If you've answered yes to any question, which medicine or injection, when did you last have it, when is it next due and do you have a monitoring book (e.g. Yellow Warfarin book)?

Allergies and Intolerances

	Yes	No
Are you **allergic** to any medicines? *(n.b. true medicine allergies are rare)*	☐	☐
Have you ever been admitted to / kept in hospital because of an allergic reaction?	☐	☐
Are you allergic to latex or anything else used in healthcare?	☐	☐
Are you allergic to any foods? *(some medicines contain nuts or eggs)*	☐	☐
Do you carry an EpiPen or similar device? *(Is it still in date?)*	☐	☐
Are there any medicines which otherwise disagree with you? *(e.g. cause stomach cramps or make you feel unwell)*	☐	☐

If you've answered yes to any question, which food or medicine, what happened and when?

If you're not sure, Allergy UK (https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/34-drug-allergy) is very useful and your current GP should be able to give you a printout / list of any medicine with which you've had difficulties.

Past Medical History

Have **you** been diagnosed with or had any problems with…

	Yes	No
Your heart? (e.g. angina, heart attack, heart failure, palpitations or irregular pulse)	☐	☐
Your blood pressure? (high or low)	☐	☐
Your lungs? (e.g. asthma, COAD/COPD, bronchiectasis, pulmonary fibrosis, TB)	☐	☐
Cancer of any type?	☐	☐
Diabetes?	☐	☐
Thyroid Disease (under or over-active, nodules, goitre)?	☐	☐
Low vitamin B12, Folate or Iron levels?	☐	☐
Bowel disease (Crohn's, Ulcerative Colitis, Coeliac Disease etc)	☐	☐
Irritable bowel disease	☐	☐
Anxiety, Depression or Stress related symptoms	☐	☐
Any other significant or serious illness?	☐	☐

If yes to any question, please give as much detail as you can.

Past Surgical History

	Yes	No
Have you had any operations	☐	☐

If yes, what and when?

Immunisations / Vaccinations

	Yes	No
Do you usually have a "flu jab" each year?	☐	☐
Have you had a Pneumococcal pneumonia immunisation? *(if so, when?)*	☐	☐
Have you had a tetanus immunisation? *(if so, when was your last one?)*	☐	☐
Have you had a shingles immunisation? *(if so, when?)*	☐	☐
Have you ever had an adverse reaction to an immunisation?	☐	☐

If yes to any question, please give as much detail as you can. Your current GP should be able to give you a printout of any immunisations you've had.

Family History

Has anyone in your family had….

		Which family member?	Age when affected?
Heart Disease e.g. heart attacks, angina, bypass surgery etc?	Yes / No		
Stroke?	Yes / No		
Diabetes?	Yes / No		
High blood pressure?	Yes / No		
Very high cholesterol?	Yes / No		
Epilepsy?	Yes / No		
Thyroid problems?	Yes / No		
Respiratory problems e.g. asthma, COPD etc	Yes / No		
Liver disease?	Yes / No		
Kidney disease?	Yes / No		
Mental health problems?	Yes / No		
Cancer?	Yes / No		
Any other significant illness?	Yes / No		

If yes to any question, please give as much information as you can.

Smoking

	Yes	No
Are you currently a smoker?	☐	☐
If yes, would you like help to stop?	☐	☐
Have you ever been a smoker?	☐	☐
Have you ever been a passive smoker?	☐	☐

Smoking is the biggest preventable cause of cancer in the UK. It causes at least 15 types of cancer and causes around 7 in every 10 cases of lung cancer (Cancer Research UK).

https://www.helpmequit.wales/
0800 085 2219

If you're a smoker, STOP.

If you've said yes to any question, please give details e.g. how many a day do you or did you smoke, how long were you a smoker and how long ago did you stop?

Alcohol

If you drink alcohol, how much? ☐ units per week

https://www.drinkaware.co.uk/

Drinkaware has a very useful unit calculator and https://www.drinkaware.co.uk/advice/are-you-drinking-too-much/ is a good place to start if you're regularly drinking above 14 units per week (men or women).

Drugs

	Yes	No
Do you currently use any drugs? *(cannabis, cocaine, amphetamine, prescription pills you buy etc)*	☐	☐
Have you ever been addicted to any drugs, medicines or alcohol?	☐	☐
Are you currently prescribed any medicines by a substance misuse or similar team or clinic?	☐	☐

If you've said yes to any question, please give more details?

The Wales Drug and Alcohol Helpline (DAN) is at http://dan247.org.uk, 0808 808 2234 or by texting DAN to 81066.

It's free and it's confidential.

Diet

	Yes	No
Do you eat a reasonably healthy diet?	☐	☐
Do you have a diet that includes milk/dairy, meat, vegetables and fruit?		
If no, please describe your diet _____	☐	☐
Do you add salt to your food after cooking?	☐	☐

The British Dietetic Association has some excellent leaflets about healthy eating, diet and health conditions, weight loss and food allergies at https://www.bda.uk.com/foodfacts/ and we'd recommend it as worth visiting.

Exercise

	Yes	No
Do you take regular exercise?	☐	☐
If yes, do you do the recommended minimum? *(see below)*	☐	☐

https://www.nhs.uk/live-well/exercise/ describes the current minimum exercise recommended for people aged under 5, 5-18, 18-64 and 65+

For Adults

What has been your main job or jobs?

	Yes	No
Have you ever worked with or been exposed to asbestos?	☐	☐
Have you ever worked in mining, quarrying or any other dusty environment?	☐	☐
Have you ever worked with any other hazardous chemical or substances?	☐	☐

If you've answered yes to any of the questions above, please give details

For patients aged under 18

Which school do you attend?	
Are you a young carer?	"A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol" – Carers Trust ☐ Yes *(please give details)* ☐ No

For female patients

	Yes	No
Have you ever had a smear test?	☐	☐
Have you ever had a mammogram?	☐	☐

If yes, when was your last smear? When was your last mammogram? Was either abnormal?

Cervical smears are generally recommended every 3 years for women aged 25-49 and every 5 years for women aged 50-64. Mammograms are generally recommended every 3 years for women aged 50-70.

	Yes	No
Do you use any form of contraception currently?	☐	☐

If yes, please give details

Difficulties and Disabilities

The Equality Act (2010) defines disability as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. There's more guidance at https://www.gov.uk/government/publications/equality-act-guidance.

	Yes	No
Would you describe yourself as disabled using the definition / guidance above?	☐	☐
Do you have any difficulties with mobility / walking / getting around / falls?	☐	☐
Do you use any walking aids (stick, frame, zimmer etc)?	☐	☐
Are you a wheelchair user?	☐	☐
Do you have any difficulties with hearing loss or deafness?	☐	☐
Do you have any difficulties with visual impairment or blindness?	☐	☐
Do you have any difficulties with speech, language or communication?	☐	☐
Do you have a diagnosed learning difficulty?	☐	☐
Do you have dyslexia, dyspraxia or any other similar diagnosis which affects you day to day?	☐	☐

Do you have any progressive neurological condition which affects your abilities day to day e.g. MS, MND, Parkinson's Disease?	☐	☐
Do you have any other diagnosed condition which affects your day to day functioning and which you haven't already told us about?	☐	☐

If you've answered yes to any question and if it's not already obvious from previous questions, please give as much detail as you can.

Ethnicity / Family Origins

How would you describe your ethnic or family origin? **Answering is not compulsory** but may help with your healthcare as some health problems are more common in specific communities and knowing your family origins may help with early identification of some of these conditions.

How would you describe your ethnic or family origin?

Carers

	Yes	No
Do you have anyone who helps you manage your day to day living needs?	☐	☐
Are you a carer for someone else?	☐	☐

If yes, please give details

Advance Directives and Similar

	Yes	No
Do you have an Enduring or Lasting Power of Attorney (EPA/LPA) in place?	☐	☐
If yes, does it include decisions about your Health and Welfare?	☐	☐
Do you have an Advance Directive / Living Will or similar?	☐	☐
Do you have a written decision about resuscitation (DNACPR)?	☐	☐

*If yes, please give details and **we need a copy***

If you'd like more information, you may find these sites useful as starting points and we'd be happy to talk to you about any questions you have or decisions you've reached.

- https://www.gov.uk/power-of-attorney
- https://mydecisions.org.uk/
- http://talkcpr.wales/
- https://www.dyingmatters.org/

What have we missed?

Are there any other issues which cause you concern or on which would you like advice?

Signed: Date:

Name: