THE LONGHOUSE SURGERY
NEW PATIENT QUESTIONNAIRE

Next of Kin

Contact: _____

Relationship_____

Address _____

Post Code _____

Tel No. _____

About You

We would be grateful for some medical information about you as it can take a few months to get your health record from your previous Doctor.

Do you smoke? Yes/No Have you ever smoked? Yes/No

If Yes how many do you smoke a day? _____

Alcohol: Units per week _____
(One unit = ½ pint or 1 glass of wine or 1 single spirit measure)

Allergies: Yes/No If yes to what? _____

Height_____ Weight _____

Current Regular Medication
PLEASE BE AS ACCURATE AS YOU CAN WITH NAME OF MEDICATION AND DOSAGE

Drug name	Dosage (IE 10mg)	Frequency (2 times a day etc)

PLEASE MAKE AN APPOINTMENT WITH A GP WITHIN 8 WEEKS OF REGISTRATION TO DISCUSS YOUR REPEAT MEDICATION*

Please nominate a pharmacy that we can send your prescriptions to for collection (if you are unsure of this please ask the admin team)

On occasion it is necessary to share your information with other medical practitioners, for example, should you need to attend an appointment or speak to NHS 24 when the surgery is closed, or in the short period of time that it takes for your notes to arrive here at the surgery, we ourselves may need to access your medical file. There are 2 main ways that your information is accessed and by specific groups of medical professionals;

The emergency care summary is a simple list of your present medication which can be accessed by emergency Out Of Hours services

I consent to my Emergency Care Summary being seen by the practice.

YES /N O

The K.I.S is a more detailed document of you relevant health needs which is accessed by emergency services only with your permission.
I consent to my K.I.S being accessed by emergency services.

YES / NO

The Longhouse Surgery operates a Text appointment reminder service and where appropriate we will also send results and any information about the practice by text message.

I consent to The Longhouse Surgery using my mobile phone number to receive text messages

YES/NO

Signature_____

Mobile
number_____

The Longhouse Surgery will not use or share my data information with any 3rd party out with the NHS and associated healthcare professionals

PLEASE NOTE THAT WITH EFFECT FROM 25TH MAY 2018 THE LONGHOUSE SURGERY IS A GDPR COMPLIANT SURGERY AND USES DATA IN STRICT COMPLIANCE WITH THE 2018 DATA PROTECTION ACT

Prescriptions

Please note that all prescriptions must be picked up from a pharmacy and may only be collected from the surgery in special circumstances by prior arrangement.

Tick a box to indicate which pharmacy you would like to use:

Boots:
Ferry Road ☐
Comely Bank ☐
Craigleith ☐
Davidson Mains ☐
Ocean Terminal ☐
Kirkgate ☐

Dears Pharmacy ☐

Hartley's (Trinity) ☐

Goldenacre ☐

Lindsay & Gilmour Crewe Road ☐
Lindsay & Gilmour Elm Row ☐

Leith Pharmacy ☐

Lloyds ☐

Well (Granton Road) ☐

Tesco ☐

Omnicare ☐

Other: _____

Personal medical history

Have you had any serious medical problems in the past?

	Year diagnosed		**Year diagnosed**

Any other relevant significant medical history please add on a separate sheet

Family History

	Relation affected	**Approx age onset**
Heart attack		
Angina		
High blood pressure		
Stroke/mini stroke		
Diabetes – insulin/non-insulin		

Do you have any other significant family history?

_____

Carer

A carer is someone of any age, who provides unpaid help and support to a partner, child, relative, friend or neighbour who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. Please note, this does not include normal parental care. In order to determine your needs and provide you with the relevant support and resources we need to know whether you are a carer for somebody or you yourself have a carer.

a) Are you a carer? *Yes/No
(If yes, please provide the following details of the person you care for)

Name: _____ DOB _____

Address: _____

Do you have a Power of Attorney in place * Yes/No

Who holds the Power of Attorney? ----------

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b) Do you have a carer? *Yes/No

Carer's name:

Carer's address:

Carer's phone no:

How many carer visits do you receive per week ----------

Signature of patient

Hepatitis C infection is a major public health concern in Scotland. The prevalence of infection is higher in people born or brought up in countries with an intermediate or high prevalence (2% or greater) of chronic Hepatitis C. Although data is not available for all countries, for practical purposes this includes all countries in North Africa, Asia, the Middle East and the Pacific islands.

North Africa /Middle East	Central Asia	East Asia	South Asia
Bahrain	Armenia	China	Afghanistan
Algeria	Azerbaijan	Hong Kong	Bangladesh
Egypt	Georgia	Macau	Bhutan
Western Sahara	Kazakhstan	North Korea	India
Iran	Kyrgyzstan		Nepal
Iraq	Mongolia		Pakistan
Jordan	Tajikistan		
Kuwait			
Lebanon			
Libya			
Morocco			
Oman			
Occupied Palestinian Territory			
Qatar			
Saudi Arabia			
Syria			
Tunisia			
Turkey			
Yemen			

If you were born or brought up in any of the countries listed above and have never been tested for Hepatitis C in the past, please circle the relevant country. Please contact Reception to arrange a blood test once your registration form is complete (one week after returning completed forms). This test is free of charge if you fall into the above category.

CHILD SURVEILLANCE

It is extremely important that we link all family members through the computer system. This does not affect your medical record but makes it easier for us to identify the parents and siblings of a child if we need to contact the parents/guardians for any reason.

If you live with a child or are registering a child please give us the details of anybody else living at the registered address.

Name _____ DOB _____

Relationship _____

Name _____ DOB _____

Relationship _____

OTHER RELEVANT INFORMATION

Do you use walking aids * Yes/No

Do you have key safe access to your home * Yes/No Keys safe number ----------

Do you have an Advanced Medical Directive (Living will) * Yes/No

ANY OTHER INFOMRATION

Please use this space to give us any other relevant information that you could not fit in above

FOR OFFICE USE ONLY

Birth Cert
Photo ID Type
Other
Proof of address Type

Accepted: …….