**CONFIDENTIAL**

**PATIENT MEDICAL HISTORY QUESTIONNAIRE**

**CLAYPATH AND UNIVERSITY MEDICAL GROUP**

The contents of this questionnaire are confidential and will be used as part of your general practice medical record. The contents will not be shared with the University.

**SECTION 1: Personal Details**

|  |  |
| --- | --- |
| Full Family Name:Full Forename(s):Date of Birth (in the form DD/MM/YY): | What is your Durham College? Current Email Address:Current UK mobile number:Can we send an SMS message to your mobile to remind you about appointments? Yes / No  |
| Ethnic Origin:First spoken language:Place of birth: | Name of Person to contact in an emergency:Relationship:Contact No: |
| **Overseas students**:Date of entry in to the UK to study: ………………….Do you have a current EHIC card? Yes / No  |
| **Sharing Information** On registration with the practice you will have a nominated GP, should you wish to know who that is please contact the practice after your arrival in Durham. The practice has a team based approach and you can book an appointment with any GP. * Are you happy to have a Summary Care Record? Yes / No
* Are you happy to share your data with the Health and Social Care Information Centre? Yes / No

For more information refer to NHS choices, or www.nhs.uk |

**SECTION 2: Personal History**

Do you have any communication or information needs relating to a disability or sensory loss? YES / NO

If yes:- Do you require braille, large print or easy read YES / NO

A British sign language interpreter or advocate YES / NO

If not stated above please give more information so we can help you to access the services provided by the NHS.

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Please provide details of any significant current/past medical history e.g. operations, serious illnesses, with dates where possible:-

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 (continue on a separate sheet if necessary)

Do you have any allergies (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following conditions:

|  |  |
| --- | --- |
| 1. Asthma YES / NO

If YES: How many years have you had asthma? ……………….years Best ever peak flow, if known …………… | 2) Epilepsy YES / NO If YES: When did you first have a fit? ……………… When was your last fit? ………………. |
| 3) Diabetes YES / NO | 4) Thyroid issues YES / NO |

It is suggested all new patients with one of the above conditions should make an appointment with a doctor during their first term to review their condition.

|  |  |
| --- | --- |
| What is your height in metres (if known)? ………….What is your weight in kg (if known)? ………….Smoking (please tick one box)I am a current smoker [ ]I have never smoked [ ]I am an ex-smoker [ ] | Exercise (please tick one box)I participate in light exercise [ ]I participate in moderate exercise [ ]I participate in heavy exercise [ ]I avoid even trivial exercise [ ]I find exercise physically impossible [ ] |

Alcohol consumption: (please tick one box below per question)

How often do you have an alcoholic drink?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never [ ] | Monthly or less[ ] | 2-4 times per month[ ] | 2-3 times per week[ ] | 4+ times per week[ ] |

How many units do you have on a typical day when you are drinking?

(a 175ml glass of 14% strength wine is 2.5 units, which is roughly equivalent to a pint of 4.5% strength beer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - 2 [ ] | 3 - 4 [ ] | 5 - 6 [ ] | 7 - 8 [ ] | 10+ [ ] |

How often do you have 6 or more units on one occasion?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never [ ] | Less than monthly[ ] | Monthly[ ] | Weekly[ ] | Daily or almost daily[ ] |

**SECTION 3: Family History**

|  |
| --- |
| Are you aware of any one of your parents/brothers/sisters having any of the following:Diabetes [ ]Heart Disease [ ]High Blood Pressure [ ] |

**SECTION 4: Vaccinations**

I have had the following vaccinations (please tick and give dates):

Tetanus [ ] …………………………. Polio [ ] ……………………………..

 ………………………….. ……………………………..

 ………………………….. ………………………………

 ………………………….. ………………………………

MMR/Measles [ ] …………………………. Meningitis C / [ ] ……………………………..

 …………………………... Meningitis ACWY [ ]………………………………

It is important that you have had your meningitis vaccine and two doses of MMR.

Please Note*:* ***If you haven’t had Meningitis vaccination since aged 10yrs an extra dose is required.***

**SECTION 5: Patient On Line Access**

On line access gives you the facility to be able to book online appointments, order repeat medication, and access to your medical records. The practice will send an email to you with activation passwords for appointments and medication. If you wish to register for access to your medical records you will need to attend the practice with photo id. Your NHS registration has to be processed first in order to complete the process of on line registration. Should you wish to activate the facility on line medical records, please present with id from the end of November onwards.

Please tick this box only if you DO NOT wish to have access to on line appointments or prescriptions.

The practice is now able to send prescriptions electronically to the majority of chemists in this area and anywhere in England. Would you like use to do this? YES / NO

If yes, please nominate the chemist you would like to use …………………………………………………………………..

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

THIS FORM IS CONFIDENTIAL AND SHOULD BE RETURNED IN A SEALED ENVELOPE WITH

YOUR GMS1 FAMILY DOCTOR SERVICES REGISTRATION FORM