

Welcome to Bridge Medical. **Please fill in this questionnaire as carefully as possible and hand it to the receptionist.** This information helps us offer you the best possible service so please complete as much of it as you can, but it does not have to be perfect!

The information in this form is part of your STRICTLY CONFIDENTIAL medical records.

**If you take medication regularly, please ensure that you have at least 1 months' supply of your medication from your previous GP practice.** It can take a while for your medical records to be transferred to your new GP practice.

If you have an ongoing disease or are at risk of heart problems and eligible for a NHS Health Check, our nursing team will contact you and invite you for an appointment.

We would like to register you for online services to enable you to order prescriptions online and book appointments online. You will need to show photographic ID to a member of staff if you wish to do this.

**Controlled Drugs Policy**

Please note it is the policy of this practice not to prescribe high doses of morphine or opiates and issue repeat prescriptions for medicines which can be addictive. Examples of these drugs have CD after their name, but also include benzodiazepines, 'z' drugs, painkillers and gabapentin. Patients taking these medicines will be contacted by a member of the pharmacy team to discuss reducing and stopping these medicines.

**Visits Policy**

We encourage patients to attend the surgery whenever possible as home visits, whilst convenient, actually offer a poorer standard of care compared to surgery consultations (see the practice leaflet or website for more information). However, GPs do offer visits for:

**Terminally ill patients** – we have no problems at all seeing those who are at most clinical need

**Truly bedbound patients** – we have no problems seeing those who are confined to bed

**So poorly would be harmed if moved** - we have no problems at all seeing those who are at most clinical need.

Please tick here to say that you have understood the visit policy    Yes [  ]

Electronic Data Sharing (please refer to the patients guide in your welcome pack)

If you choose to decline electronic data sharing, you can opt out at [nhs.uk/your-nhs-data-matters](https://www.nhs.uk/your-nhs-data-matters)

**Personal Details**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_

Other Telephone number: \_\_\_\_\_

Consent to contact by email? Yes [  ] No [  ]

Consent to contact by SMS? Yes [  ] No [  ]

Name and address of previous GP: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of next of kin: \_\_\_\_\_

Contact number of next of kin: \_\_\_\_\_

### Ethnic Origin

White British/Mixed British		Chinese	
White/Black Caribbean		Other Ethnic Non-mixed	
White/Black African		Other Black Ethnic Group	
Black, other non-mixed origin		Other Asian Ethnic Group	
Other Black Background		Irish Ethnic Group	
Indian/British Indian		Other White	
Pakistani/British Pakistani		Other Ethnic Group	
Bangladeshi/British Bangladeshi			

### Communication

Main spoken language: \_\_\_\_\_

Do you need help communicating? Yes [ ] No [ ]

Interpreter or sign language [ ] Hearing impaired [ ] Visually impaired [ ] Any other \_\_\_\_\_

**At our practice we send our prescriptions electronically, please inform us of your chosen chemist:**

### Personal History

Who else is living in your household at the moment? (e.g. wife, children, elderly relatives):

In your household, are there any:

Foster children? [ ]

Adopted children? [ ]

Children subject to a special guardianship order? [ ]

If yes, please provide Names and DOBs below:

What is/was your occupation? \_\_\_\_\_

Have you ever lived outside of the UK? Yes [ ] No [ ]

If yes, what time periods were you out of the UK? \_\_\_\_\_

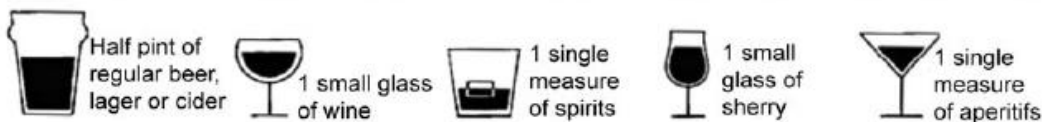
## Smoking Status

- Never Smoked
- Ex-Smoker  Date stopped smoking: \_\_\_\_\_
- Smoker

## Alcohol Intake

Do you drink alcohol? Yes [ ] No [ ]

### This is one unit of alcohol...



### If yes how much?

Questions	0	1	2	3	4	Your score *
How often do you have a drink containing alcohol?	Never	Monthly or less	2 -4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10+	
How often have you had 8 or more units on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

\*scoring – A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

## Carers Register

A Carer is anyone (irrespective of age) who has the responsibility for the care of a person (partner, relative or friend) who has mental health problems, learning difficulties, is physically disabled or whose health is impaired by sickness or drug or alcohol problems, or who is elderly or frail. Carers may provide a range of practical and emotional support either in their own home or in the home of the person they care for. A parent carer is a parent of a disabled child who has additional needs.

Do you look after someone? Yes [ ] No [ ]

If yes, please tell us who:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please tell us what illness(es) the person you cares for has: \_\_\_\_\_

\_\_\_\_\_

Does someone look after you? Yes [ ] No [ ]

If yes, please tell us who:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you able to get to the surgery to see the GP and nurses there? \_\_\_\_\_

In order to maintain accurate records should your status as a carer or someone who is cared for, or someone who cares for you changes, please inform your GP practice so that records can be kept up to date.

### Medical History

Do you have a disability (including learning disability)? Yes [ ] No [ ]

If yes, please give details: \_\_\_\_\_

Do you have a history of cancer? Yes [ ] No [ ]

If yes, what kind? \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Do you have any of the following:	Yes	No
Asthma or chest problems	[ ]	[ ]
Chronic kidney problems	[ ]	[ ]
Diabetes	[ ]	[ ]
Epilepsy	[ ]	[ ]
Heart Problems (atrial fibrillation, angina, previous heart attacks, heart failure)	[ ]	[ ]
High Blood Pressure	[ ]	[ ]
Memory Problems	[ ]	[ ]
Mental Health Problems	[ ]	[ ]
Rheumatoid Arthritis	[ ]	[ ]
Stroke	[ ]	[ ]
Thyroid problems	[ ]	[ ]
Are you currently pregnant?	[ ]	[ ]
If yes, please see our reception team for a pregnancy pack.		
Admin: Pregnancy pack given?	[ ]	[ ]