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Wadhurst Medical Group (Incorporating
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NEW PATIENT QUESTIONNAIRE

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Welcome to our practice! In order to help us give you the best medical care, please complete this questionnaire. Your answers are confidential, as are all medical records. As a new patient to the practice, our Administration team will process your registration and may contact you to arrange for any long term condition reviews you require.

SURNAME..... **FORENAME(S)**.....

DATE OF BIRTH.....

TEL..... **MOBILE**.....

ADDRESS.....

.....

..... **POSTCODE**.....

OCCUPATION.....

SPOKEN LANGUAGE..... **INTERPRETER REQUIRED: Y/N**

STATUS (Married / Single etc).....

NEXT OF KIN..... **TEL**.....

NAMES OF PERSONS WHO LIVE WITH YOU.....

.....

DOCTOR YOU ARE REGISTERING WITH.....

I understand that my named GP will be the same as my registered Doctor **Yes**

DATE.....

SIGNED:.....

WEIGHT**HEIGHT****ALCOHOL**

How many units of alcohol do you drink per day?.....

(1 unit = ½ Pint of beer / very small glass of wine)

- 1-2 units a day
- 3-6 units a day
- 7-9 units a day
- Over 9 units a day

FAST ALCOHOL SCREENING TEST

Please complete the following questionnaire. Please make an appointment with your doctor if

If your score is 3 or above as this suggests hazardous or harmful drinking.

Questions	Scoring System					
	0	1	2	3	4	Score
How often do you have 8 (men)/6(women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

SMOKING

Never smoked

Ex Smoker: Date stopped and approx. no. smoked a day:

.....
Smoker – Number smoked per day:

- 1-9 a day
- 10-19 a day
- 20-39 a day
- Over 40 a day

ONLINE SERVICES

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

I would like to register for one or all of the Online Services and I have completed the request form; I am aged 13 years or over.

SMS TEXT MESSAGING SERVICE

If you have provided your mobile telephone number you are able to receive SMS Text Messages relating to your direct care e.g. appointment reminders, annual review reminders etc. are you happy to receive these notifications?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

From time to time we may send you text messages about issues other than your direct care e.g. requesting feedback for the Practice or news relating to the Practice. Are you happy to receive these notifications?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

ACCESSIBLE INFORMATION:

We would like to record your preferred method of communication so that you can receive your health information in a format you can access and understand. For most of us our preferred method of contact is our home telephone number or mobile number but for example, If you are hard of hearing that may not be suitable for you.

Please let us know if you require information in a large print or easy read format, or in braille; or if you need a British Sign Language/Sign Language or Foreign Language interpreter or advocate during your appointments; or if we can support you to lip-read or use a hearing aid communication tool.

If you or someone you are caring for wishes us to contact you in another way other than by telephone, please do complete some details below or speak to a Receptionist or the Practice Manager at your Surgery. We will then record your needs by highlighting it in your medical records. Otherwise we assume that you are happy for us to contact you by telephone or letter.

I would like information in a different format, details below

.....

PREVIOUS REGISTRATION

Have you ever been registered with Wadhurst Medical Group before?

Yes **No**

EXERCISE:

Do you exercise at least three times a week for more than 20 minutes (or equivalent)?

Yes **No**

BLOOD PRESSURE:

Have you had your blood pressure checked in the past three years? (Let us arrange this for you if not)

Yes **No**

FAMILY HISTORY:

Have any of your Parents, Grandparents, Siblings, had a serious illness.

Yes **No**

Please give

details.....

DO YOU HAVE A CARER?

If yes, please give Carer details below:

Yes **No**

Name.....

Tel / Mobile Contact

Details:.....

ARE YOU A CARER?

A carer is a person who looks after someone at home because of their relationship with that person. A carer may be a relative/friend or neighbour and does not always live with the person cared for. A carer is not paid for the care that they provide.

Yes **No**

Do you agree to being referred to care for the carers?

Yes **No**

ETHNIC GROUP:

Please indicate the ethnic group you feel you belong to below, e.g. White British; White Irish; White Any other White background; Asian or Asian British; Black or Black British; Mixed White and Black Caribbean/Black African/Asian; Chinese; Other ethnic group, etc. If you do not wish to complete this information please say "Not Stated" below.

.....

YOUR MEDICAL HISTORY: Please provide details below or use an extra sheet if necessary:

	Yes	No
Any serious illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations?	<input type="checkbox"/>	<input type="checkbox"/>
Any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Any medication taken? (Please list):	<input type="checkbox"/>	<input type="checkbox"/>

.....

PRESCRIPTIONS: Wadhurst Medical Group can send prescriptions via an electronic system to your designated pharmacy. Would you like to sign up to the Electronic Prescription Service (EPS)? If yes, please state the name and address of your **designated pharmacy** below and sign the declaration:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

.....

.....
I confirm I am happy for Wadhurst Medical Group to send my prescriptions via EPS.

Signed:.....

Date:.....

WOMEN ONLY:

When did you last have a cervical smear test?.....

Do you have an intra uterine device/coil/IUD/IUS/Mirena? If so, which type and when was it inserted?

.....

In order to register with a GP Practice, you are now required to produce two documents as proof of identity.

Please provide one document from the following list:

OFFICE USE ONLY

- Passport
- Driving Licence
- Official Identity Card
- Birth Certificate
- Marriage Certificate

Checked	Signed

Plus one item from the following list, as proof of address:

OFFICE USE ONLY

- Tenancy Agreement
- Council Tax Bill
- Utility Bill
- Wage Slip
- Other-

Checked	Signed

We thank you for your time and hope that with this information we will be able to help you lead a healthier life.

Surgery Information

The Practice covers the parishes of Wadhurst, Ticehurst and surrounding areas. Our main surgery, Belmont Surgery, is in Wadhurst where most of the health care is provided. The GPs, nurse practitioner, practice nurses, health care assistants and most of the administrative staff are based here.

Appointments

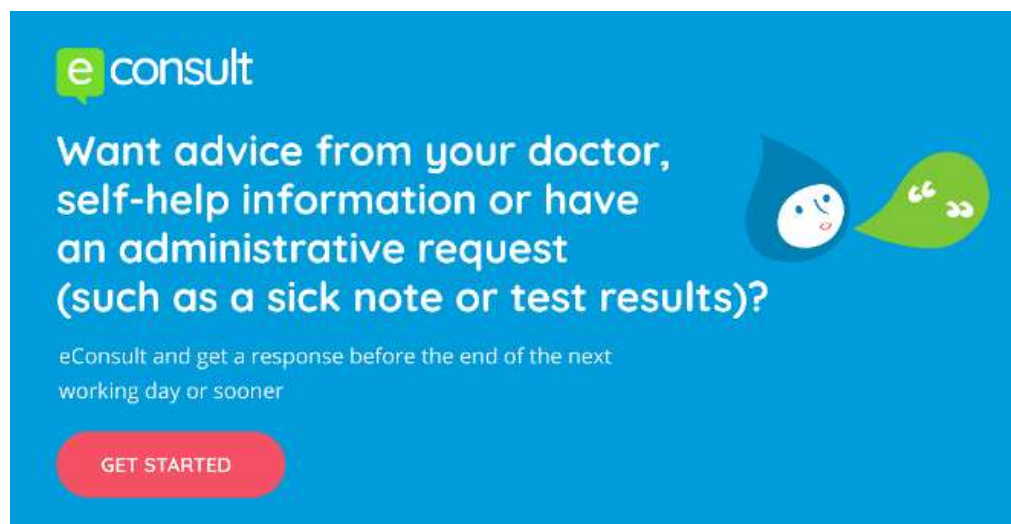
When telephoning for an appointment, our Doctors have asked that our Receptionists ask for a brief description of the problem to ensure they can direct you to the correct service or clinician.

Telephone Triage

We operate a telephone triage service every day. The duty doctor for the day runs a telephone clinic for patients who need same day assistance. The duty doctor will then either deal with your query over the phone or book you into a face to appointment as appropriate.

E-Consult

Once registered with the Surgery, you will also have access to our E-Consult service which can be used via our website. This is to be used for non-urgent medical queries or concerns and the Practice will respond within 48 hours, you are also able to attach any relevant photographs as part of this service.

A blue banner for the eConsult service. In the top left corner is the 'e consult' logo, where the 'e' is in a green speech bubble. The main text in white reads: 'Want advice from your doctor, self-help information or have an administrative request (such as a sick note or test results)?'. To the right of this text is a cartoon illustration of a blue water drop with a face and a green speech bubble containing quotation marks. Below the main text, in smaller white font, it says 'eConsult and get a response before the end of the next working day or sooner'. At the bottom left, there is a red rounded rectangular button with the text 'GET STARTED' in white capital letters.

PPG

As part of our commitment to listening to patients, the Practice has a Patient Participation Group which represents a wide section of the community. The group gets involved with a number of projects with the Surgery. We welcome new members and the application pack can be found on our website.