IG Medical New Patient Registration
Patient Questionnaire
Please complete in FULL using BLOCK CAPITALS

Title:		**Male** □ **Female** □ **Transgender** □	
Surname:		**Town and Country of Birth:**	
Forename:		**Date of Birth:**	**Ethnicity:**
Mobile number: **Home :**		**Email address:**	
First Language:		**English speaker:**	
Do you suffer from any of the following (answer YES or NO):			
Asthma		Stroke/Mini Stroke	
Diabetes – Type I □ Diabetes – Type II □		Atrial Fibrillation	
Sickle Cell		Cancer	
Epilepsy		Obesity	
Depression		Raised Blood Pressure Needing Treatment	
Serious Mental Health Problems e.g. eating disorder If YES, please specify:		Heart Disease	
Under–Active Thyroid (hypothyroidism)		Polycystic Ovary Syndrome	

Please attach a copy of any previous repeat medications

Are you currently taking any medication? If YES, please list:

Pharmacy Choice, Please tick : Ilkley Moor Pharmacy ☐ **Boots Ilkley** ☐ **Lloyds Ilkley** ☐
Rowlands Addingham ☐ **Cohens Burley In Wharfedale** ☐ **Boots Grassington** ☐

Are you allergic to any medications?	**Do you have any other allergies? E.g. Hayfever, animals,dust**

Is there a history of any of the following conditions in your family before the age of 60?

Heart Disease □ Stroke □ Hypertension □ Diabetes □

Do you smoke? Never □ Ex-Smoker □ Current Smoker □ E- Cigarette □

If Current Smoker : Would you like advice on stopping smoking? Yes ☐ No □

Alcohol:

Scoring system

	0	1	2	3	4	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 drinks containing alcohol do you drink in a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more drinks if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

Height _____ cms **Weight _____ kgs**

Are you registered disabled? Yes □ No □	**Are you a carer for anyone?** Yes □ No □
If you DO NOT wish to receive text message reminders from the IG Medical please tick here □ **What is your preferred method of contact:** Letter ☐ Email ☐ SMS ☐	**Contact in case of an Emergency** **Title: Surname: Forename:** **Home Tel No:** **Mobile Tel No:** **Relationship to patient:** **Is this your next of kin? Yes** □ **No** □

Enhanced Data Sharing Model (eDSM) - SHARING OUT

Sharing out means that any information that we have recorded at our practice (all consultations, results, medication etc.) will be available for other NHS organisations to see if you consent to this. This will make all information added at IG Medical shareable, and we will be unable to keep any of your information confidential to the surgery.
You can always change your mind, but if you have chosen to share information with other NHS organisations and then decide against it, we cannot retrieve any information already shared.

If I choose to make my information from IG Medical shareable, I understand this means that ALL consultations recorded at IG Medical will be available for other NHS services to view.
I do / do not wish to make my information from IG Medical sharable to other healthcare organisations.

Signature …….. Date ……..

Enhanced Data Sharing Model (eDSM) - SHARING IN

Sharing in means that IG Medical will be able to see all information added by other healthcare organisations. This will only happen if you have consented to share information out at the other organisation.

I do/ do not wish to allow information added at other healthcare organisations to be viewed.

Signature …….. Date ……..

The NHS in England has introduced the **Summary Care Record,** which will be used in emergency care. The record will only contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Yes- I would like a Summary Care Record
☐ Express consent for medication,allergies and adverse reactions only.

Or
☐ Express consent for medication,allergies, adverse reactions and other information

No- I would not like a Summary Care Record
☐ Express dissent for Summary Care Record (opt out)