

The Bridge Group Practice



Dr Brown ♦ Dr Siddiqui ♦ Dr Rose ♦ Dr Naiman ♦

The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB Tel: 01482 303840
The Orchard Park Health Centre, 210 Orchard Park Road, Hull, HU6 9BX Tel: 01482 857190

NEW PATIENT QUESTIONNAIRE

The Bridge Group Practice requires all newly registered patients to have a new patient check. Please book this appointment at the time of registering with the practice. You will need to bring a urine sample with you when you attend your new patient check. Please ask the receptionist for a sample bottle.

We need to collect the following information about you in order to deliver our service efficiently. This information will be strictly confidential.

SURNAME _____ FIRST NAME(s) _____

DATE OF BIRTH _____ HOME TEL _____

MOBILE _____ WORK TEL _____

EMAIL _____ (PLEASE PRINT CLEARLY)

NEXT OF KIN _____ TELE NO: _____

Would you like to receive a text message to remind you of a booked appointment? YES/NO
If yes please include your mobile number above

Would you like to use our on line facility for repeat prescriptions? Over 16yrs only YES/NO
If yes, please speak to a receptionist who will advise you about this service.

I consent to my Summary Care Record being available to authorised Healthcare Staff providing my care anywhere in England. YES/NO

This record can be used for emergency care should you have an accident and become ill. It contains information about the medication you are taking and any allergies or sensitivities to medicine you have.

If no, please complete the Summary Care Record Opt –out Form, available at reception.

HAVE YOU RECENTLY RETIRED FROM THE ARMED FORCES? YES/NO
If yes, please give date of leaving

ARE YOU A PERMANENT RESIDENT IN THE UK? YES/NO
If NO how long will you be staying in the UK

ETHNIC MONITORING

Please circle which ethnic group you feel you belong to:

- White British/Irish/any other white background
- Mixed White & Black Caribbean/White & Black African/ White & Asian
- Any other mixed background
- Asian or British Asian Indian/Pakistan/Bangladeshi/Any other Asian Background
- Black or Black British Caribbean/African/Any other black background
- Any other Ethnic Group Do not wish to state/ any other please state

PLEASE STATE YOUR MAIN SPOKEN LANGUAGE

DO YOU SPEAK ENGLISH

DISABILITY STATUS

Are you currently registered Disabled YES/NO

CARER (A carer provides a person, other than their own children, with regular help and support that they rely on)

Are you currently a carer? YES/NO

If yes, please give name and address of the person you care for below, and with their consent

Are you currently been cared for? YES/NO

If yes to the above, please ask for a carers form from reception

DO YOU EXERCISE YES/NO

If yes please specify type and frequency

SMOKING If you smoke please circle Cigarettes E-Cigarette Cigars Pipe

How many do you smoke per day

Are you an ex smoker YES/NO

If Never Smoked, please tick box

ALCOHOL:



How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 or 3 times a week
- 4 or more times a week

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

- None
- 1 or 2½
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you found that you were unable to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Have you or someone else been injured as the result of your drinking?

- Never
- Yes, but not in the last year
- Yes, during the last year

Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- Never
- Yes, but not in the last year
- Yes, during the last year

Patient Signature (or Parent/Guardian)

Date

Please book a new patient now, thank you.

Appointment date & time.....

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Patient ID Verification Form

Patient Name.....

Patients Coming From Abroad

Current Passport Number.....

Home Office ID Card Number.....

Proof of UK Address.....

Patients Previously registered with NHS:

Acceptable ID – Proof of Address

Full Uk Birth Certificate

Current UK Driving Licence

Current Passport

Document Number.....

Document Seen By.....

