

CONFIDENTIAL
PATIENT MEDICAL HISTORY QUESTIONNAIRE

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 and will be confidentiality disposed of within a period of 12 months.

**THIS FORM SHOULD BE RETURNED IN A SEALED ENVELOPE WITH
YOUR GMS1 FAMILY DOCTOR SERVICES REGISTRATION FORM TO:-
University Health Centre, Green Lane, Old Elvet, Durham, DH1 3JX no later than Friday 21st September 2018**

SECTION 1: Personal Details

<u>Full</u> Family Name: <u>Full</u> 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 or email to remind you about appointments etc? Yes / No
Ethnic Origin: First spoken language: Place of birth:	Name of Person to contact in an emergency: Relationship: Contact No: Contact Address:
<p>Do you have any communication or information needs relating to a disability or sensory loss? YES / NO</p> <p>If yes:- Do you require braille, large print or easy read YES / NO A British sign language interpreter or advocate YES / NO</p> <p>If not stated above please give more information so we can help you to access the services provided by the NHS.</p> <p>.....</p>	
<p>Overseas students:</p> <p>Date of entry in to the UK to study: Do you have a current EHIC card? Yes / No</p>	
<p>Sharing Information</p> <p>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.</p> <ul style="list-style-type: none">• 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 <p>For more information refer to NHS choices, or www.nhs.uk</p>	

SECTION 2: Personal History

What is your height ? What is your weight ? <u>Smoking</u> (please tick one box) I have never smoked [] I am a current smoker [] I am an ex-smoker []	<u>Exercise</u> (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 []
<p><u>Alcohol consumption:</u></p> <p>How many units do you have on a typical week when you are drinking?</p> <p>(a 175ml glass of 14% strength wine is 2.5 units, which is roughly equivalent to a pint of 4.5% strength beer)</p>	

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

(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.

SECTION 3: Family History

Are you aware of any one of your parents/brothers/sisters having any of the following:

Diabetes [] please state relationship
Heart Disease [] please state relationship
High Blood Pressure [] please state relationship

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 order repeat medication, and access to your medical records. The practice will send an email to you with activation passwords for 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 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.