



CLEE MEDICAL CENTRE
323 Grimsby Road
Cleethorpes
DN35 7XE
Tel: 01472 697257
Fax: 01472 690852

Medical Questionnaire to be completed at time of registration

Please complete **ALL** appropriate sections of this form to ensure that your application is processed as quickly as possible.

Surname	Forenames
Previous Surname	Religion
Date of Birth	NHS Number
Preferred Language	Sex
Marital Status	Occupation
Dependants	Age & Sex
Address	
Post Code	Place of Birth
Next of Kin	Ethnic Origin
Day Telephone No	Mobile No

The MJOG SMS text messaging service allows us

- to send you text messages to remind you of your booked appointments
- to cancel your appointments
- to let you know your test results
- to send you information about the surgery.

To take advantage of this service, please fill in your mobile number above and tick this box opt in

Main Language

If your main language is a language other than English, please answer the questions below;

English Speaker	Yes / No	Speaks English Well	Yes/No
Reads English Well	Yes/No	Interpreter needed	Yes/No

If interpretation is required, to which language do you require

Do you have any specific communication requirements, if so please indicate below.

Braille	Yes/No	Easy Read	Yes/No
Large Print	Yes/No	Sign Language	Yes/No
Via email	Yes/No		

Would you like to register for "On Line Services" where you can order your repeat medication, complete surveys, check or cancel your booked appointments and update your contact details.

(If "yes" please ask a member of the reception team to register you.) Yes / No

Do you have a carer? Yes / No If yes, please complete the following section;

Carers Name Contact Telephone Number

If you are a carer yourself and look after someone who is ill, frail, disabled or has a substance misuse problem, "The Carers Support Service" provides information, support and advice 7 days a week. You can contact them on 01472 242277.

Please give details of:

1) Any current or on going illness? (Blood pressure, Diabetes COPD etc.)

2) Any regular treatment / medicines (including contraception)

3) Any previous operation / hospital admissions?

4) Any Allergies (please specify)?

5) Any Immunisations in the last 5 years (please specify)

6) Has your mother, father, brother or sister had angina, heart attack or stroke before the age of 60?
Yes/No

7) Have you been registered with any of the doctors at this practice before? Yes/No

8) Have you any specific reason for wanting to join this practice? Yes/No

If yes, please state the reason

9) What is your height? Weight?

Smoking Details, Are you?

A smoker? Y/N If yes how many do you smoke per day?

If you do smoke and are interested in stopping, you can walk in to our **FREE** Stop Smoking Service on a **Thursday afternoon from 2.30pm till 5pm.**

Ex-Smoker? Y/N If so, when did you stop? Never smoked? Y/N

Alcohol consumption per week per unit?
 (One unit = ½ pint beer / 1 measure of spirit/ 1 small glass of wine)

How much exercise do you do? Please tick below:

Exercise impossible		Little or none	
Light (e.g. walking to shops, light gardening, golf)		Moderate (e.g. 20 minutes brisk walk, 3 times per week)	
Heavy (20 minutes, 3 times per week with increased pulse rate and breathing heavily)		Competitive (e.g. athletics or similar)	

Are you on a special diet (i.e. Gluten Free) for any medical reason?

FOR FEMALES ONLY

At what age did your period start? Do you take oral contraceptives?

Any other form of contraceptive? Have you had any pregnancies?

Date of last period? Date of last cervical smear?

Is there any family history of breast cancer? Yes/No

IF YOU ARE A NEW ARRIVAL INTO THE UK, PLEASE COMPLETE THE SECTIONS BELOW

Please state the date you arrived in the UK

√	Eligibility to NHS Medical Services determined by reason of; (please tick one of the following)
	I am living in the UK lawfully and on a settled basis and have been resident / I intend to reside for more than 6 months and I can provide evidence to support this.
	I am a student and I can provide evidence of this.
	I am an EEA National coming to the UK to work / study and I have a valid E128 form.
	I am an asylum seeker.

To support my application, I am in possession of my passport and any of the following (please tick whichever applies): Please note that passport alone is not sufficient.

Home Office letter	
Application Registration Card	
Valid work permit	
Contract of employment	
Valid student visa	
Proof of attendance on qualifying course	
Letter from government body confirming successful candidate	

The practice will be unable to register you immediately if you are not able to supply the above verification documents.

CLEE MEDICAL CENTRE

PRACTICE POLICY ON THE SUPPLY OF DRUGS LIABLE TO MISUSE.

- 1) **CONTROLLED DRUGS** For example, Methadone, Diamorphine, Buprenorphine (Temgestic) will not be supplied by this Practice. Management of patients is by the Substance Misuse Team.
- 2) **SEDATIVES, TRANQUILLIZERS, HYPNOTICS (SLEEPING TABLETS)** for example Diazepam, Temazepam, Nitrazepam zimovance are all licensed for NHS prescriptions for short term use only. Therefore these medicines will only be prescribed where it is clinically appropriate to do so.
- 3) **ANTI DEPRESSANTS, MAJOR TRANQUILLIZERS & ANTI CONVULSANTS** are prescribed only for certain disorders . Repeat prescriptions will only be issued when the GP is satisfied that there is a genuine need or if there is a written report from a psychiatrist indicating that treatment is currently recommended.
- 4) **PAINKILLERS** such as Codeine and Dihydrocodeine will only be supplied when the GP is satisfied that there is a genuine need and supply will be in appropriate doses.

REPEAT PRESCRIPTIONS FOR THESE MEDICINES WILL ONLY BE ISSUED AFTER APPROVAL BY THE GP AND NORMAL PRACTICE ARRANGEMENTS WILL APPLY WHERE A MINIMUM OF 48 HOURS NOTICE IS NEEDED.

I have read and fully understand the practice policy on this subject. I agree to comply with its provisions at all times while I am registered at this practice. (Please tick box)

Please sign and date below to confirm that you have read and completed all relevant sections of this questionnaire.

Patients Signature

Date

Please allow 5 working days for your application to be processed.

If your application has been successful, please make an appointment with a Health Care Assistant for your new patient health check.

SHARING OF PATIENT INFORMATION

It has been decided by the practice's patient participation group that a patient leaflet is developed to assist patients in making an informed choice regarding how and when their information is shared. For patients registered at Clee Medical Centre, there are essentially 4 types of information sharing. A brief summary of what each type of information sharing involves, where additional information can be obtained from and how a patient can opt-out of any of these types of information sharing follows;

Type 1 – Summary Care Record or SCR

Used for healthcare

Not anonymous

This is information that can be accessed by authorised healthcare professionals. An SCR only holds the following information, if it is recorded in your electronic patient record;

- Medications
- Allergies
- Adverse Reactions

Access to an SCR could be used if you have accessed a healthcare provider and were unable to answer any questions relating to this information. Such as you being unconscious after an accident being taken to hospital and emergency. Further information can be obtained from:

Type 2 – Sharing within Systmone (The practice's clinical system)

Used for healthcare

Not anonymous

This is whereby a service provider who you as a patient are registered with, which can include but is not restricted to Health Visitors, District Nurses, St. Andrews Hospice and the GP out of hours service whom use the same clinical system (systmone) can have access to your electronic medical record.

This type of data sharing can be beneficial in ensuring that accurate and up to date medical records are held for each patient and in the case of any patient attending the GP out of hours service, staffs are then able to access to recent consultations with practice staff enabling this information to be taken into consideration if clinically relevant.

Type 3 – The Health and Social Care Information Centre (HSCIC)

When does the Health and Social Care Information Centre allow researchers to access confidential information about me?

In most cases, researchers can carry out their studies using information that does not identify you. Occasionally, however, medical researchers need to use information that does identify you.

Only researchers who have obtained your permission or who have been granted legal approval are allowed to access confidential information that identifies individuals. Only the Secretary of State for Health or the Health Research Authority (HRA) can grant this legal approval and they do so following independent advice from the *Confidentiality Advisory Group (CAG)*. CAG considers each application in great detail against the legal framework, and recommends whether approval should be provided together with any conditions.

Applicants must demonstrate:

- 1) That the research is in the public interest and for the benefit of the health service;
- 2) That it is not possible to use information that does not identify you; and
- 3) It is not possible to ask your permission. There are a variety of reasons why it might not be possible to ask people; for example, where there are extremely large numbers of patients.

