

Welcome to Court Thorn Surgery
Please fill in the following questionnaire to help us gather as much information as possible to help with your future care.

All information is strictly confidential

CTS Staff completion only - Patient notified of allocated / named GP – please tick

☐

Full Name	
Date of Birth	
Country of Birth	
Ethnic group (i.e. White British,() White Irish.() - Mixed White and Black Caribbean() White & Asian () - Asian or Asian British () Pakistani () Indian (). Black or Black British () Caribbean, African.- Chinese (.)	
First Language	
Telephone numbers	
Home	<u>1.</u>
Mobile	<u>2</u>
E-mail address	
Marital status	
Next of kin details	Name Address Relationship
Who can we contact in an emergency?	
Emergency access	i.e key safe details
Do you give a nominated person permission for the GP to discuss your medical records with ?	If yes please state who
Do you require any special requirements ?	i.e large print etc , interpreter etc

Family History

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	Age	Any serious illness (stroke, heart disease, cancer etc)	If dead, cause of death
Father			
Mother			
Brothers			
Sisters			
Husband/ Wife/ Partner			
Children			
What is your present occupation?			
What is the occupation of your husband/wife/partner?			

Are You A Carer?

A Carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Carers: Do you need / have anyone who looks after you or your daily needs as a Carer? Yes [] No []
Do you care for anyone else? Yes [] No [] if yes please give details
If yes, ask at reception for carers support

Alcohol intake per week? YES / NO	
Total intake =	
(1 unit = 1 glass of wine, ½ pint of beer, pub measure of spirits)	
Diet: Do you have a balanced diet? (milk, meat, veg & fruit)	
Do you add salt to your cooking?	
Do you Smoke?	
How many?	
What age did you start smoking?	
Do you take regular exercise?	If yes: How many minutes per session? How many times per week: one [] two [] three []
Height:	Weight:
Have you ever had any of the following:	
Tuberculosis [] Diabetes [] High Blood Pressure [] Heart Attack [] Stroke []	
Asthma [] Hay fever [] Migraine [] Depression []	
Cancer [] Epilepsy []	
If so please give details below:	

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Have you been immune against the following?	
Diphtheria [] Tetanus [] Polio [] HiB (haemophilus) [] BCG [] Whooping Cough [] MMR (Measles Mumps Rubella) [] Meningitis [] Typhoid [] Hepatitis A [] Cholera [] Hepatitis B []	
Past Illnesses	
What illnesses have you had in the past	Please indicate date

What operations have you had or any hospital treatment? Please indicate date
What illnesses do you have at present?
Give dates of any X-ray, MRI or CT scans, Ultrasound:

Please list below the names of any medication that has been prescribed by your previous Doctor. If you have a repeat prescription card please enclose this instead

[illegible]

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Ladies

Please list all pregnancies and miscarriages below:

Date	Any complications of pregnancy?	Birth weight
Date	How many weeks at miscarriage?	
Have you had a mammogram? Yes [] No []		
When did you last have a cervical smear?		
Date	Was it normal? Yes [] No []	
Are you using any of the following contraception		
Pill []	Injection []	Coil [] Sterilization []

Please list below any additional information the doctor should know

We use a number of ways to remind patients of appointments and annual reviews either by mobile / e-mail / telephone / letter

If you do not wish to receive text or e-mails to remind you of your future appointments please tick the box ☐

Thank you for your co-operation

Patient / guardian signature

.....

Date

.....

Please note if any of your personal details change, please inform the surgery so we can keep your details up to date.....thank you

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Summary Care Records (SCR)

Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

Health and care staff can access SCR through the Spine web portal

At a minimum, the SCR holds important information about your;

- current medication
- allergies and details of any previous bad reactions to medicines
- the name, address, date of birth and NHS number of the patient

You can also choose to include additional information in the SCR, such as details of long-term conditions, significant medical history, or specific communications needs.

All patients were opted into a SCR unless they chose to opt out.

OPTING IN AND OUT OF A SCR

If you have previously opted out and would like to opt in please ask our reception team and they will give you the form to do this.

If you are opted in and would like to opt out please ask our reception team and they will give you the appropriate form for this.