

# THE MWH PRACTICE

## NEW PATIENT HEALTH QUESTIONNAIRE

This set of questions has been designed to help your new General Practitioner get to know you and your medical problems. The information you provide will be handled confidentially by your doctor. But if you're concerned about any of the questions, please leave them blank or speak to a member of staff.

Today's date : \_\_\_\_\_

Title : \_\_\_\_\_ Forename : \_\_\_\_\_ Surname : \_\_\_\_\_

Social Status : Single / Married / Co-habiting / Divorced / Widowed

Date of Birth : \_\_\_\_\_ Town & Country of Birth : \_\_\_\_\_

Address : \_\_\_\_\_

Tel No : \_\_\_\_\_ Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Would you like to receive health/appointment reminders via text message on your mobile? Yes / No

Next of Kin : \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact number : \_\_\_\_\_

English Speaker : Yes / No Main Language : \_\_\_\_\_ Interpreter Needed : Yes/ No

Are you registered Disabled? Yes / No

Do you have any specific health needs ? Yes/No

Ethnic Origin : \_\_\_\_\_ Religion : \_\_\_\_\_

### **Lifestyle**

Occupation : \_\_\_\_\_

Have you ever smoked : Yes / No If you have stopped smoking when : \_\_\_\_\_

If Yes What do you smoke : Cigarette / Cigar / Roll up / Pipe. How many/quantity: \_\_\_\_\_

Do you drink alcohol : Yes / No

If yes How many units per week : \_\_\_\_\_ (1 unit = half a pint of beer, one glass of wine, one shot of spirit)

Do you exercise regularly : Yes / No What do you do? \_\_\_\_\_ How many times/week: \_\_\_\_\_

Diet : Good / Moderate / Poor

### **Family History :**

Do any of your family or first degree relatives have any of the following illnesses or conditions

Illness/Condition	Yes or No	Relationship/Details
Diabetes		
CVD(Heart attack/Stroke etc.,)		
High Blood Pressure		
Epilepsy		
Cancer		
Kidney Disease/Failure		
Twins		

**Would you like to take part in our Patient Participation Group to help improve our service? Y / N**

(It will involve attending PPG meeting once in 6 months)

**For Women Only:**

Date of recent smear : \_\_\_\_\_ Result : \_\_\_\_\_

**Do you care for someone in the family who is frail, elderly or ill : Yes / No**

Is someone a carer for you : Yes / No

If Yes, please give details of the person you look after or who looks after you

Name : \_\_\_\_\_ Telephone : \_\_\_\_\_

Relationship \_\_\_\_\_

**ILLNESS ACCIDENT OR OPERATIONS:**

Please list all serious illnesses/accidents/hospital admissions/operations with dates and details of hospital.

Please also list any present illnesses with the date of diagnosis if you know.

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**Present Medication:**

Please list any medication that you're taking at present, and the illness for which you are taking them.

- 1.
- 2.
- 3.
- 4.
- 5.

**Allergies/Sensitivity :** \_\_\_\_\_

**CONSENT**

In order to provide continuous and further care, we may also have to share your information with other linked services like Hospitals and Out of Hours GP. Are you happy for your records to be shared with other community services, who may be involved in your care? **Yes / No**

## PATIENTS RESPONSIBILITIES

You have a part to play in helping the doctors and practice staff to fulfil their commitment to give the best possible care by:

1. Treating the doctors and the practice staff with courtesy and respect. Rudeness or aggression will not be tolerated at any level. Please remember they are here to help you.
2. Being punctual for the appointment.
3. Giving the practice as much notice as possible, if you are unable to keep a booked appointment so that it may be offered to another patient in need.
4. Please telephone to make an appointment rather than presenting at the reception asking to be seen. We operate an appointment system only, but will always try and give an appointment for those who need to be seen urgently on the same day.
5. Making a separate appointment for each patient who needs to be seen. Please do not ask for another patient to be squeezed in with your appointment.
6. Also being prepared to make a further appointment on another occasion, if you have numerous or complicated problems.
7. Being patient, if appointment times are running late. It may be you who needs extra time on another occasion.
8. Give a minimum of two working day notice for a repeat prescription. Over bank holidays, please check with reception for collection times. Items that are not in repeat list may take longer.
9. Do not expect a prescription every time. Good advice is often the best medicine.
10. You can obtain advice/information from other sources i.e. pharmacist, NHS direct etc.,
11. Asking for a home visit only if the illness prevents you from attending the surgery and making this request before 10 AM on the day if possible.
12. Only contact the out of hour's service in case of an emergency, which cannot wait until the surgery is next open.
13. Remember to tell us if you change your name, address or telephone number.
14. Remember doctors are only human and cannot cure all your problems and diseases.
15. Please obtain prior consent and a referral from a GP each time before making a private appointment with a specialist or any other private practitioner i.e. physiotherapist etc. or the GP will be unable to sign subsequent insurance claims for self-referral.

I have read and understood the patients charter and the patient responsibilities and I agree to adhere to the clause contained therein. I understand that failure to comply with these requirements could result in the removal from the practice list.

Name :

Signature :

DOB :

Date :

**Name:**

**Date of Birth:**

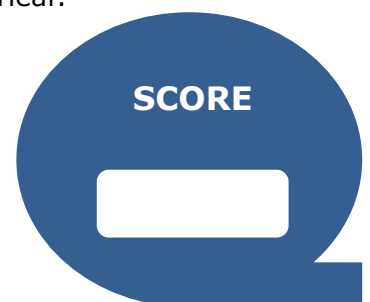
**Male/Female**

## **FAST ALCOHOL SCREENING TEST [FAST]**

Questions	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units 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	
<b>Only answer the following questions if the answer above is Less than monthly (1) or Monthly (2). Stop here if the answer is Never (0), Weekly (3) or Daily (4).</b>						
How often during the last year have you failed to do what was normally expected from you because of your 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	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

### **Scoring:**

- A score of 0 on the first question indicates FAST negative, you do not need to answer any more questions.
- A total of 1 – 2 on the first question then continue with the next three questions.
- A total of 3 – 4 on the first question, this is a positive screen, go straight onto the AUDIT questions overleaf
- An overall total score of 3 or above is FAST positive. Go onto ask AUDIT overleaf.



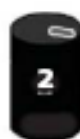
A pint of regular beer, lager or cider



A pint of "strong"/ "premium" beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



Bottle of wine [12.5%]