

Adam House Medical Group

www.adamhousemedicalgroup.co.uk

Dr. A R Ali - MBBS, MRCS, LRCP London, DCH London, MRCGP, MRCP (UK), FRCP Edinburgh, FRCP London

Dr. S Ullah - MB, BS, DRCOG, DPD, MRCGP

Dr. Sarwar - MB, ChB

J Anderson – Advanced Nurse Practitioner

J Grant – Advance Nurse Practitioner

Adam House Medical Centre,
85-91 Derby Road, Sandiacre,
Nottingham,
NG10 5JA,

Tel 0115 949 6911, Fax 0115 949 1522

Hillside Medical Centre,
162 Nottingham Road, Stapleford,
Nottingham,
NG9 8AR

Tel 0115 949 1950, Fax 0115 949 7720

New Patient Questionnaire

Demographic Details

First Name _____ Surname _____

NHS Number _____ Date of Birth _____ / _____ / _____

Current Address _____

Previous Address _____

Previous GP Details _____

Home Tel _____ Mobile Tel _____

Email Address _____

Ethnicity _____ Main Spoken Language _____

Do you consent to receiving SMS messages? Yes / No

Would you like to book appointments and request repeat medication online? Yes / No

Administrative Information

Next of Kin Name _____ Contact Number _____

Address _____

Relationship to you _____

Are you a Carer? Yes / No if yes, who for? _____

Do you have an EPS Pharmacy nomination? *If yes, give details* _____

Medical History

Do you suffer from any of the following? *Circle where appropriate*

Asthma	Epilepsy	Heart Failure
Hypertension	Stroke	Diabetes
COPD	CKD	

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Do you have any family history of the following? *Circle where appropriate*

Asthma	Epilepsy	Heart Failure
Hypertension	Stroke	Diabetes
COPD	CKD	

Do you have any known allergies? *If yes, give details* _____

Are you taking any regular medications? *Give details and/or provide a repeat prescription*

Health Status Information

Do you perform regular exercise?

None / Light / Moderate / Heavy

Do you smoke? Yes / No *If yes, how many daily?* _____

Are you an Ex-Smoker? Yes / No

How often do you have a drink that contains alcohol? *Circle where appropriate*

Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
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How many standard alcoholic drinks do you have on a typical day that you are drinking? *Circle where appropriate*

1 or 2	3 or 4	5 or 6	7 or 9	10 or more
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How often do you have 6 or more standard drinks on an occasion? *Circle where appropriate*

Never	Monthly or less	Monthly	Weekly	Daily
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Sharing your Medical Records

Record Sharing is a function that allows the surgery to share information with other healthcare professionals caring for you. This could include medications, vaccinations, illnesses and other relevant medical information. Tick your preference

- I consent to the information recorded here to be shared with other healthcare professionals that care for me
- I consent to the surgery viewing information that is recorded about me by other healthcare professionals
- I dissent to the sharing in or out of my healthcare information

Summary Care Record sharing allows organisations such as Out of Hours and Emergency Services to view your GP records if required; this could include medication information, allergies and significant medical history. Tick your preference

- I consent for medications, allergies and adverse reactions to be shared only
- I consent for medications, allergies and additional medical information to be shared
- I dissent to a Summary Care Record

Print Name: _____

Signature _____ Date _____