

Pathhead Medical Centre

New Patient Questionnaire (Adult)

Please complete ALL questions

Full Name		Preferred Name	
Date of Birth		Email	
Telephone		Mobile	
Next of Kin Contact			
Occupation:			
Status:	Single Married Divorced Widowed Co-habiting Civil Partnership		
Have you been registered here before?	Yes	No	
Are you a Carer?	No	Yes	
Do you need an interpreter?	No	Yes	(which language)
Ethnic Origin:	Scottish	Polish	Other Asian Group
	English	Pakistani	Black African
	Welsh	Indian	Black Caribbean
	Northern Irish	Bangladeshi	Black British
	British	Chinese	Other Black Ethnic
	Irish	Other ethnic Group	
	Traveller	Other mixed Group	
Smoking Status:	Never Smoked	Current smoker	
	Ex-smoker	How many per day?	
	E-cigarette		
Alcohol Use:	Yes	Units per week?	
	No		
Do you have any Allergies:			
Height		Weight	
Family History:	Diabetes	Hypertension	Heart Disease
	Heart Attack	Stroke	Osteoporosis
	Thyrod Disorder	Cancer	Other
Medications:	Please list below any medications you take regularly, either prescribed by a GP / Hospital or bought over the counter.		
	Medication	Dose	How often

Medical History:	<i>Please give detail of any past operations or illnesses requiring hospital or GP treatment, as well as any ongoing conditions.</i>		
	Date	Operation/Illness	Comments
Do you consent to be contacted by SMS Text?		Yes	No
Do you consent to be contacted by email?		Yes	No
Online Services: Prescriptions & Appointment Booking We offer an Online Prescription Service for patients where you will have our own account created in order to view your medications. If you would like an account to be created please supply an individual email address (this cannot be shared with anyone else). Only patients aged over 16 are able to be registered for this service.			
Email address			
I wish to use Online Services. Please read each statement carefully and tick that you have understood. I will be responsible for the security of the information that I see or download. If I choose to share my information with anyone else, this is at my own risk. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.		<i>Agreed / Disagreed</i>	
Emergency Care Summary (ECS): Emergency care information such as your name, date of birth, the name of your GP, any medicines which your GP has prescribed, any medicines you are allergic to or react badly to, is shared with emergency and hospital services as this might be important if you need urgent medical care when the GP surgery is closed.			
Do you consent to sharing your information with emergency and hospital services?		Yes	No
Public Health Scotland (PHS): NHS Scotland uses information from GP patient records to help plan and improve health and care services in Scotland. It uses information from GP practices all over Scotland in a safe and secure way. For further information about PHS visit www.publichealthscotland.scot			
Do you consent to your information being shared with PHS?		Yes	No