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**PRESTON PARK SURGERY**  
2a Florence Road, Brighton BN1 6DP

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### New Patient Information

Welcome to **Preston Park Surgery**. We hope to offer you all the healthcare services you need. To help us provide these, would you please take time to fully complete this questionnaire.

Surname ..... Forenames..... Date of Birth .....

Address..... Post code .....

Home Phone No ..... Mobile Phone No.....

Email address .....

***By providing an email address and mobile number you are agreeing to be contacted by Preston Park Surgery using these contact details.***

Sex (Please Circle) ....Male/Female/Non-binary/Other Occupation.....

Sexual Orientation (please tick) Heterosexual  Gay or Lesbian  Bisexual  Other Not Listed  Not Stated   
Not Known

Are you (Please Circle) Single/Married/Civil Partnership/Cohabiting/Divorced/Separated/Widowed  
Other.....

Number of children ..... Different surname (if applicable) .....

Name, Address & Tel No. of Next of Kin .....

.....

Relationship of Next of Kin: .....

### **CARERS**

Do family, friends, neighbours rely on you because they have long-term ill health, disability or problems of old age?

YES I regularly care for a family member, friend or neighbour

YES I would like more information about support for carers;

### **ARMED FORCES**

I am returning from the armed forces

I am still enlisted / serving in the armed forces

**HEALTH HISTORY**

1. Do you suffer from any ongoing medical condition/illnesses? Yes / No

If yes, please specify: .....

Do you receive treatment at a hospital for any of the conditions listed? Yes / No

If yes, please specify name of Hospital / Consultant / Speciality.....

..... Date of last appointment .....

2. Please list any previous serious illnesses, operations, disabilities (for female patients –please include problems during pregnancy or at delivery):

.....

3. Have you ever suffered from mental health problems: Yes / No

If yes, please specify (including any medication taken / treatment at hospital outpatients):

.....

4. Have you ever served in the armed forces? Yes / No

**DRUGS AND MEDICINES**

Do you have any allergies to any medication: Yes / No / Unknown

If yes, please give details of the medication you are allergic to:.....

Are you taking any medicine at present (including over the counter treatments): Yes / No

If yes, please give details of condition and Medication taken for it:

Condition	Name of Medication
.....	.....
.....	.....

**ELECTRONIC PRESCRIBING (EPS)**

The Electronic Prescription Service (or EPS) will allow you to collect your medications from a pharmacy at a location convenient to you.

If you wish to join this scheme please provide the name and address of your nominated pharmacy:

.....

**FAMILY HISTORY**

Have any of your **parents / brothers / sisters** suffered from any of the following?  
(please **specify which relative** and **state approximate age** of diagnosis)

- |                          |                               |
|--------------------------|-------------------------------|
| Angina .....             | Mental Health Problem .....   |
| Heart Attack .....       | Cancer (what kind?).....      |
| Diabetes .....           |                               |
| High Blood Pressure..... | Other Serious Illnesses ..... |
| Stroke .....             |                               |
| Asthma .....             |                               |

**FOR FEMALE PATIENTS**

- Have you had a cervical smear? Yes / No                      If yes, what was the date? .....
- Do you use any form of Contraception? Please give details.....
- Do you use HRT(Hormone Replacement Therapy)?                      Yes / No

**If you have any health concerns you are welcome to make an appointment for a health review with a GP or a nurse.**

**COMMENTS:**

**YOUR ACCESSIBILITY NEEDS**

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.

**Please tell us what communication requirements you have (e.g. braille, large print, etc.)**

.....

.....

**Some ethnic groups have a higher prevalence of certain diseases. In order to ensure appropriate care we would appreciate you giving us your ethnic origin. Please tick:**

- |                                    |                          |
|------------------------------------|--------------------------|
| British or Mixed British           | <input type="checkbox"/> |
| Irish                              | <input type="checkbox"/> |
| Other White Background             | <input type="checkbox"/> |
| Indian or British Indian           | <input type="checkbox"/> |
| Pakistani or British Pakistani     | <input type="checkbox"/> |
| Bangladeshi or British Bangladeshi | <input type="checkbox"/> |
| White and Asian                    | <input type="checkbox"/> |
| Other Asian Background             | <input type="checkbox"/> |
| Caribbean                          | <input type="checkbox"/> |
| White and Black Caribbean          | <input type="checkbox"/> |
| African                            | <input type="checkbox"/> |
| White and Black African            | <input type="checkbox"/> |
| Other mixed Background             | <input type="checkbox"/> |
| Chinese                            | <input type="checkbox"/> |

# Preston Park Surgery Lifestyle Health Screen

Trying to improve your health and well being

**Surname:** ..... **Forenames:**.....

**Date of Birth:** .....

We at Preston Park Surgery are looking at ways we can work with you to live a more healthy life. In order to do this we need to get some basic lifestyle information from you. Please help us by spending a few minutes filling out as much information as possible (on both sides).

**Height:** ..... **Weight:**.....

There is a scale and a height measuring tape in the area behind the blood pressure machine.

## BLOOD PRESSURE:

Please do your blood pressure on the machine and record it (or attach it to the sheet).

**Sys:**..... **Dia:**..... **Pulse:**.....

## SMOKING:

How would you classify yourself? (please circle)

**Never smoked**

**Ex-smoker:** Stopped in .....(year)

**Smoker:**

< 1 cig/day	1-9 cig/day	10 – 19 cig/day	20 – 39 cig/day	More than 40 cig/day
-------------	-------------	-----------------	-----------------	----------------------

Smoking is a significant health risk. It is linked to lung cancer, emphysema, heart attacks, strokes and many other illnesses. If you smoke and wish to stop we run a Smoking Cessation Service.

Would you like to be contacted for an appointment? (please circle)

**Yes**      **No**

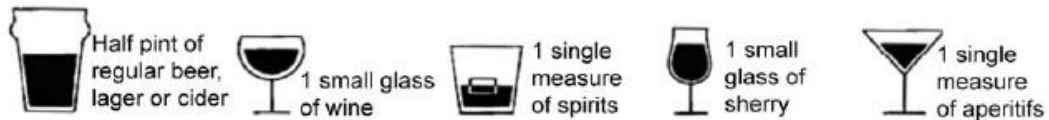
There is also free advice available at <https://quitnow.smokefree.nhs.uk> and 0800 022 4332.

Alternatively we can provide nicotine replacement therapy or other medication to help you stop. Please ask for an appointment with your Doctor.

***Please continue over the page***

## ALCOHOL

### This is one unit of alcohol...



### ...and each of these is more than one unit



On average, **how many units** of alcohol do you drink each week? ..... units  
 (1 unit = 1 pub measure spirit / half pint of beer), (1.5-2 unit = 1 small glass of wine 175ml)

The following questions are taken from a screening tool that helps assess alcohol use. Please complete your score in the table.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
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	

The Department of Health advises men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units of alcohol per day. Ideally two days a week with out drinking. After an episode of drinking more than this it is advised to refrain from drinking for 48 hours to allow that body to recover.

Women who drink over 35 units a week or regularly drink over 6 units a day, and men who drink over 50 units a week or regularly drink over 8 units a day, are at high risk of damaging their physical and mental health or causing harm to others. Please talk to your doctor if you have any concerns about your alcohol consumption.

## Preston Park Surgery - Patient Consent for Email Communication:

I choose to make use of the email communication service with the Preston Park Surgery.

I confirm that I understand that these communications;

May include information about Direct Patient Care, e.g. appointments, services, clinics and screening programmes that may be offered by the Surgery or the NHS, clinical information (e.g. test results), medical advice, letters with confidential personal and medical information (as would have previously been sent by post). If confidential information is being sent the Practice will use the NHS Trend Encryption Micro service. To read these mails you will be required to register with Trend Micro with a password.

May include Non Direct Patient Care information, including Practice information and changes, Practice Participation Group (PPG) information, requests to complete questionnaires about health and lifestyle, administration issues, medications etc. We intend to use this very infrequently and only to provide you with important information that will impact on your care or may provide helpful information. We do not have the technical resources to offer you specific options to choose which of these non-direct patient care communications you may wish to receive, so opting in will mean you get all communications.

Emails received directly from the surgery will come from the address:

[s.prestonparksurgery@nhs.net](mailto:s.prestonparksurgery@nhs.net).

Emails received from the practice website will come from the address:

[noreply@prestonparksurgery.co.uk](mailto:noreply@prestonparksurgery.co.uk)

I would like to communicate with Preston Park Surgery by email. I understand that internet email is not a secure medium. I understand that there is a possibility that my emails and the responses could be intercepted and read by someone else as currently emails between private and NHS email addresses are not always encrypted (except confidential emails sent from the practice to a patient via NHS Trend Encryption Micro service). I will bear this in mind in deciding how much information to seek and how much information to disclose by email.

I understand that this is not a clinical consultation service and if I require clinical advice or attention I should contact the practice directly.

We strongly recommend that you use a private email account, not a family or shared account to avoid the risk of confidential information being viewed by third parties. Onward forwarding of this information sent via email is at the risk of the patient. It is the patient's responsibility to update contact details if they change.

Emails are only reviewed and processed by members of the practice team who follow strict confidentiality and data protection guidelines. All your data is held securely within the NHS data base and via encrypted protection on our website. We will never disclose your details to Third Parties.

I consent to email communication about Direct Patient Care

I consent to email communication about Non Direct Patient Care

I decline email communication

Patient name:	
Date of Birth:	
Patient Signature:	
Date:	
My email address for communication is:	

This is my email address

This is the email address of a nominated person

Name of nominated person (if applicable):	
Relationship to patient (if applicable):	

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr    Mrs    Miss    Ms   Surname \_\_\_\_\_  
 Date of birth \_\_\_\_\_ First names \_\_\_\_\_  
 NHS No. \_\_\_\_\_ Previous surname/s \_\_\_\_\_  
 Male    Female   Town and country of birth \_\_\_\_\_  
 Home address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Telephone number \_\_\_\_\_

## Please help us trace your previous medical records by providing the following information

Your previous address in UK \_\_\_\_\_ Name of previous GP practice while at that address \_\_\_\_\_  
 \_\_\_\_\_ Address of previous GP practice \_\_\_\_\_  
 \_\_\_\_\_

## If you are from abroad

Your first UK address where registered with a GP \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If previously resident in UK, date of leaving \_\_\_\_\_ Date you first came to live in UK \_\_\_\_\_

## Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas:    Regular    Reservist    Veteran    Family Member (Spouse, Civil Partner, Service Child)  
 Address before enlisting: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Service or Personnel number: \_\_\_\_\_ Enlistment date: DD MM YY   Discharge date: DD MM YY (if applicable)  
*Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.*

## If you need your doctor to dispense medicines and appliances\*

I live more than 1.6km in a straight line from the nearest chemist  
 I would have serious difficulty in getting them from a chemist  
 Signature of Patient    Signature on behalf of patient  
 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Not all doctors are authorised to dispense medicines*

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or  
 Kidneys    Heart    Liver    Corneas    Lungs    Pancreas

Signature confirming my consent to join the NHS Organ Donor Register   Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or call 0300 123 23 23 to register your decision.*

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register   Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*My preferred address for donation is: (only if different from above, e.g. your place of work)*

\_\_\_\_\_ Postcode: \_\_\_\_\_

*All blood types are needed, especially O negative and B negative. Visit [www.blood.co.uk](http://www.blood.co.uk) or call 0300 123 23 23.*

NHS England use only   Patient registered for    GMS    Dispensing



## To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

*I declare to the best of my belief this information is correct*

Authorised Signature

Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

**SUPPLEMENTARY QUESTIONS QUESTIONS** - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

### PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a)  I understand that I may need to pay for NHS treatment outside of the GP practice
- b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c)  I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

**A parent/guardian should complete the form on behalf of a child under 16.**

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.**

### NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.