

GLENLIVET MEDICAL PRACTICE
INTRODUCTORY QUESTIONNAIRE

Thank you for taking time to fill to complete this questionnaire. Please bring the completed questionnaire (with a specimen of urine) and photographic identification (eg driving licence or passport) to your introductory appointment.

Patient's Name	Appt Date
Date of Birth	Time
Home Telephone No	Mobile Telephone No
E-Mail address	
Next of Kin	Next of Kin Contact Number
(Name & Relationship to Patient)	

Are you on any medication? Yes **No**

Please give details, including whether any of your medications are currently on a repeat prescription. (if you have a repeat medication slip from your previous Medical Practice please hand it in with your form).

Do you have any problems with your health at the moment?

Please give details.

Have you suffered any illnesses, accidents or operations in the past?

Please give details.

Do you have any allergies? Yes **No**

Please give details

Are you immunised? Please give dates if known. (For children under 5 years please bring their red book).

Tetanus Polio MenC Other?

Smoker How many?

Ex Smoker When stopped?

Never Smoked

Do you take regular exercise? Yes **No**

Please give details.

Do you drink alcohol? Yes **No** **If yes, how many units of alcohol/ week?**
(1 unit=1/2 pint of lager, 1 pub measure spirits, 1 glass of wine)

Do you eat a Healthy Diet? Yes **No**

Do you take recreational drugs? Yes **No**

If yes what do you take?

FAMILY HISTORY

Please tell us of any serious illnesses suffered by your close relatives. (eg Heart disease, asthma, diabetes, glaucoma, cancer).

Mother _____ Brothers _____
Father _____ Children _____
Sisters _____

PERSONAL HISTORY

What is your occupation?

Are you presently employed?

What work have you done in the past?

Marital status Single Married Divorced
Separated Widowed Partner

LADIES ONLY

Have you had a cervical smear? Yes No Date

Do you have children? Please give dates of Birth.....

Contraception. If applicable, please state what method you use (pill, coil etc)

CONFIDENTIALITY OF RECORDS

All staff are bound by a strict code of confidentiality. On the grounds of clinical need, the attached Allied Health Professionals (for example Physios, District Nurses) may require access to your records. If you are not agreeable to this, then please inform the Practice Manager.

REPEAT PRESCRIPTIONS

For the convenience of patients, the Health Centre has an arrangement with the local pharmacy in Grantown High Street that repeat prescriptions handed in to the surgery are sent to the Pharmacy for dispensing. If you do not wish to make use of this facility, please inform the Practice Manager.

KEY INFORMATION SUMMARY (KIS)

- Patients in Scotland now have an Emergency Care Summary. This contains basic information about your health (for example, your medication) that may help NHS staff if you need urgent medical care when your GP surgery is closed, or if you go to an accident and emergency (A&E) department.
- Your Emergency Care Summary is copied from your GP's computer system and stored electronically.
- The Key Information Summary will contain all the information on the Emergency Care Summary and additional information you want NHS staff looking after you to know. For example information about: your medical condition and treatment, your carer - their name and phone number, any wishes you may have about your treatment, where you would prefer to be cared for, any wishes about how you would like to be cared for. Please ask for our Key Information Summary leaflet if you wish more information.

Do you agree to your KIS being sent to NHS staff outside of this Practice? Yes No

DIRECTIONS TO YOUR HOME

If you think your GP or Paramedics might have difficulty in finding your home in an emergency, please help us by drawing a map or providing us with directions. Mention any distinctive features or the exact distance from local landmarks. A photocopy of an OS map with your house marked would also work. The information will be added to your notes and treated with the same degree of confidentiality as any other information we hold.

Signature _____ Date _____

Thank you for taking the time to fill in this questionnaire.