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**THE CORBETT MEDICAL PRACTICE**

**36 Corbett Avenue**

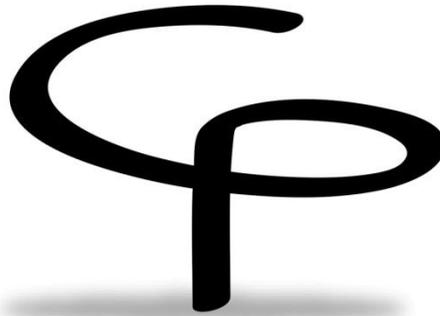
**Droitwich Spa**

**Worcestershire**

**WR9 7BE**

[www.corbettmedicalpractice.org.uk](http://www.corbettmedicalpractice.org.uk)

***HEALTH QUESTIONNAIRE FOR NEW PATIENTS***



**THE CORBETT  
MEDICAL PRACTICE**

- Please complete this form as soon as possible.
  - Return the completed form to the surgery by email or hard copy.
  - If you have a problem that you wish to discuss with the doctor please make an appointment.
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## How to fill in this form:

This form is a PDF document and so must be filled out using a PDF editor. If you do not already have access to a PDF editor then we recommend downloading Adobe Acrobat Reader which can be found at this link: <https://get.adobe.com/uk/reader/>. This software allows you to fill in the form for free.

To fill in the form in Adobe Acrobat you must first download it from our website. Once the form has been downloaded you will be able to access the form from your 'Downloads' folder. Open the form in Adobe Acrobat and then select the 'Fill and Sign' option from the right hand menu. This will allow you to add text, check boxes and your signature to the form. Once you have completed the form save it as a PDF and email it back to us at [corbett.medical@nhs.net](mailto:corbett.medical@nhs.net).

Once we receive your new patient questionnaire we will contact you in order to verify your identity. You will need 2 forms of identification for this. The first **must be a photo ID** (e.g. passport or driving licence) and the second a utility bill/bank correspondence that is no more than three months old and includes your current address. We will conduct a video call with you where you will be asked to show us your 2 forms of identification.

Please ensure you **read and complete** all relevant documents including your Health Questionnaire for New Patients.



## The Corbett Medical Practice Health Questionnaire for New Patients

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

Date of Birth: \_\_\_\_\_

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

Gender:  Male  Female  Transgender  Other

Place of Birth: \_\_\_\_\_

Ethnic Origin (Please either specify or tick a box below) \_\_\_\_\_

White:	Black:	Other mixed and non-mixed origins:
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other white ethnic group <input type="checkbox"/> White Scottish <input type="checkbox"/> Other white British ethnic group	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black British <input type="checkbox"/> Black Caribbean/W.I./Guyana <input type="checkbox"/> Black N African/Arab/Iranian <input type="checkbox"/> Black – other African country <input type="checkbox"/> Black E Afric Asia/Indo-Caribb <input type="checkbox"/> Black Indian sub-continent <input type="checkbox"/> Black – other Asian <input type="checkbox"/> Black Black – other <input type="checkbox"/> Other Black – Black/White orig <input type="checkbox"/> Other Black – Black/Asian orig <input type="checkbox"/> Other Black ethnic group	<input type="checkbox"/> Brit. ethnic minor. spec. (NMO) <input type="checkbox"/> Brit. ethnic minor. unsp (NMO) <input type="checkbox"/> Caribbean I./W.I./Guyana (NMO) <input type="checkbox"/> N African Arab/Iranian (NMO) <input type="checkbox"/> Other African countries (NMO) <input type="checkbox"/> E Africa Asian/Indo-Carib (NMO) <input type="checkbox"/> Indian sub-continent (NMO) <input type="checkbox"/> Other Asian (NMO) <input type="checkbox"/> Irish (NMO) <input type="checkbox"/> Greek/Greek Cypriot (NMO) <input type="checkbox"/> Turkish/Turkish Cypriot (NMO) <input type="checkbox"/> Other European (NMO) <input type="checkbox"/> Other ethnic NEC (NMO) <input type="checkbox"/> Other ethnic, Black/White orig <input type="checkbox"/> Other ethnic, Asian/White orig <input type="checkbox"/> Other ethnic, mixed white orig <input type="checkbox"/> Other ethnic, other mixed orig <input type="checkbox"/> Black Caribbean and White <input type="checkbox"/> Black African and White

Marital Status:  Single  Married  Separated  Divorced  Widowed

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

Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Work mobile number: \_\_\_\_\_

Previous Name: \_\_\_\_\_

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

Name and Address of previous GP: \_\_\_\_\_

Are you a **carer**, primarily responsible for someone who is elderly or has an illness or disability?

Yes  No

Please list any allergies you have: \_\_\_\_\_



Are you a veteran of the UK armed forces? \_\_\_\_\_ (13Ji)

Please list any major illness, accidents or operations you have had:

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Please list any current medication:

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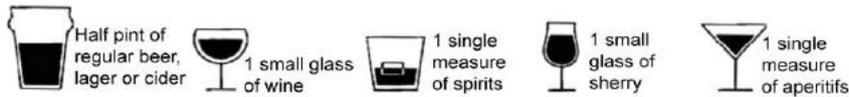
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Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you smoke?  Yes  No If so please give an indication of your consumption per day: \_\_\_\_\_  
If you wish to stop the please go to [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) for advice.

Do you drink alcohol?  Yes  No If so please give an indication of your consumption per week: \_\_\_\_\_

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



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



### AUDIT – C

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	_____

### Scoring:

A total of 5+ indicates increasing or higher risk drinking.  
An overall total score of 5 or above is AUDIT-C positive

Your Audit-C Score = \_\_\_\_\_



## Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
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 needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
How often during the last year have you had a feeling of guilt or remorse after 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	_____
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	_____
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:** 0 – 7 Lower risk, 8 – 15 Increasing risk,  
16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals  
AUDIT C Score (last page) +  
Score of remaining questions

**Your Total Score = \_\_\_\_\_**



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## Family History

Do any of your brother(s), sister(s), parents, aunt(s), uncle(s) or grandparents have any of the following conditions? Please leave blank if none.

	Family relationship to you
Diabetes	
High blood pressure (Hypertension)	
Heart attack at less than 65 years	
Stroke	
Epilepsy or fits	
Asthma	
Hay fever	
Eczema	
Other disorder:	

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## Registration for Organ and Blood Donation

It is now better for you to self-register on The NHS and transplant website: [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk). By doing this you have a greater choice of options. If you prefer to talk to someone call the NHS Blood and Transport helpdesk on 0300 123 2323



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## Enhanced Summary Care Record

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

**You can choose** to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

### What to do next

If you would like this information adding to your SCR, then please complete this form, for return to the relevant GP surgery.

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient's Postcode: \_\_\_\_\_

Surgery Name: \_\_\_\_\_

Surgery Location (Town): \_\_\_\_\_

NHS Number (if known): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

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

Capacity: circle as appropriate Parent/Legal Guardian/Lasting Power of Attorney

If you require any more information, please visit <https://digital.nhs.uk> or phone NHS Digital on **0300 303 5678** or speak to your GP Practice



## The Electronic Prescription Service (EPS)

EPS is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

### What does this mean for you?

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.

You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.

You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

### Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription.
- collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

- don't get prescriptions very often.
- pick up your medicines from different places.

### How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose:

- a pharmacy.
- a dispensing appliance contractor (if you use one).
- your dispensing GP practice (if you are eligible).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this.

### Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

### Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser. Dispensers will also see all the items on your reorder slip if you are on repeat prescriptions.

**For more information visit [www.hscic.gov.uk/epspatients](http://www.hscic.gov.uk/epspatients), your pharmacy or GP practice.**

## How we use your information

Updated for the GDPR 2016 & Data Protection Act 2018

*Better information,  
better health*

This leaflet explains:

- Why the Practice collects information about you and how it is used
- Who we may share information with
- Your right to see your health records and how we keep your records confidential

### Why we collect information about you:

In the Practice we aim to provide you with the highest quality of health care. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.

These records may include:

- Basic details about you, e.g.: address, date of birth, next of kin
- Contact we have had with you such as clinical visits
- Details and records about your treatment and care
- Results of x-rays, laboratory test etc.,
- Relevant information from people who care for you and know you well, such as other health professionals and relatives

It is good practice for people in the NHS who provide care to:

- discuss and agree with you what they are going to record about you
- give you a copy of letters they are writing about you
- show you what they have recorded about you, if you ask.

We will only store your information in identifiable form for as long as is necessary and in accordance with NHS England's Records found here:-

[NHS Records Management code](#)

### How your records are used

The people who care for you use your records to:

- Provide a good basis for all health decisions made by you and care professionals
- Allow you to work with those providing care
- Make sure your care is safe and effective, and
- Work effectively with others providing you with care

**Others may also need to use records about you to:**

- check the quality of care (e.g.: clinical audit)
- protect the health of the public
- keep track of NHS spending
- manage the health service
- Investigate concerns about your health care
- teach health workers
- help with research

Some information will be held centrally to be used for statistical purposes. In these instances, we take strict measures to ensure that individual patients cannot be identified.

We use anonymous information, wherever possible, but on occasions we may use personally confidential information for essential NHS purposes such as research and auditing. However, this information will only be used with your consent, unless the law requires us to pass on the information.

### **The legal part**

You have a right to privacy under the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act. The Practice needs your personal, sensitive and confidential data in order to perform our statutory health duties, in the public interest or in the exercise of official authority vested in the controller in compliance with Article 6 (e) of the GDPR and for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services in compliance with Article 9, (h) of the GDPR.

You have the right to ask for a copy of all records about you.

- Your request should be made to the practice holding your information
- We are required to respond to you within one month
- You will need to give adequate information (eg: full name, address, date of birth, NHS number etc.)

To access your record, please contact our Reception team.

If you think anything is inaccurate or incorrect, please inform the Practice as soon as possible. For other rights about the use of your information, please see our website.

The Practice Data Protection Officer is Paul Couldrey PCIG Consulting Ltd, and is available via email: [Couldrey@me.com](mailto:Couldrey@me.com) 07525 623939

### **How we keep your records confidential**

Everyone working for the NHS has a legal duty to keep information about you confidential.

**We have a duty to**

- Maintain full and accurate records of the care we provide to you
- Keep records about you confidential, secure and accurate
- Provide information in a format that is accessible to you (e.g. in large type if you are partially sighted)



We **will not** share information that identifies you for any reason, unless:

- you ask us to do so;
- we ask, and you give us specific permission;
- we must do this by law;
- we have special permission for health or research purposes or
- we have special permission because the interests of the public are thought to be of greater importance than your confidentiality

**Our guiding principle is that we are holding your records in  
*STRICT CONFIDENCE***

### **Who are our partner organisations?**

We may share information with the following main partner organisations:

- NHS England
- Our Commissioners
- NHS Trusts / Organisation (Hospitals, CCG's)
- Ambulance Service
- Social Services

We may also share your information, **with your** consent and subject to strict sharing protocols about how it will be used,

With:

- Education Services
- Local Authorities
- Voluntary Sector Providers
- Private Sector

Anyone who receives information from us also has a legal duty to: **KEEP IT CONFIDENTIAL**

If you believe that the Practice has breached any of your Data Protection Rights, please contact the Practice Manager.

You have a right to complain to the UK supervisory Authority:

Information Commissioner

Wycliffe house, Water Lane, Wilmslow, Cheshire SK9 5AF

Tel: 01625 545745

<https://ico.org.uk/>