UEA MEDICAL CENTRE - NEW PATIENT HEALTH STATUS QUESTIONNAIRE

Office use only;	
EMIS No.	
Reg clerk	
Reg date	
Eligibility	
*Appt	

Please answer the following questions as accurately and completely as you can, as they will form a part of your medical record.
All information will remain confidential – This form has two sides

Last Name: _____ Forename: _____

DOB DD/MM/YY _____

[ ] Male [ ] Female

Next of Kin ***Who you would like us to contact in the event of an emergency***
Name & contact number(s):

UEA School: _____ Year of study: *(tick)* [ ] UG 1st [ ] UG 2nd [ ] UG 3rd [ ] UG other [ ] PG 1st [ ] PG other [ ] Non-student Course end date *(year):* _____

***UK** Mobile number: _____ Email address: _____

[ ] **Tick if you wish to **opt IN** of text message reminders*
[ ] **Tick if you wish to **opt OUT** of text message reminders*

*NB/ **We are unable to accept qq.com emails** – please give alternative email*
We may use your email address for medical correspondence

Nationality: _____ Main spoken language: _____

Ethnicity *(please tick one box)*

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
[ ] British	[ ] White & Black Caribbean	[ ] Indian	[ ] Caribbean	[ ] Chinese
[ ] Irish	[ ] White & Black African	[ ] Pakistani	[ ] African	[ ] Other ethnic group
[ ] Other White background	[ ] White & Asian	[ ] Bangladeshi	[ ] Other Black background	[ ] Prefer not to say
	[ ] Other mixed background	[ ] Other Asian background		

! IMMUNISATIONS – ESSENTIAL INFORMATION REQUIRED *YOU MUST COMPLETE THIS SECTION*

You are strongly advised by the UEA, INTO & UEA Medical Centre to ensure you are fully immunised to UK Department of Health standards. There is an increased risk of Meningitis, Measles, Mumps and Rubella due to the large numbers of students in the close confines of a university campus, therefore it is important that you are vaccinated to protect both yourself and others.
Please indicate if you have/have not had the following;

Meningitis ACWY vaccine	[ ] Yes, date (MMYY)	**OR** [ ] Yes, had but unsure of date	**OR** [ ] *No, not had
1st MMR (measles, mumps, rubella) vaccine	[ ] Yes, date (MMYY)	**OR** [ ] Yes, had but unsure of date	**OR** [ ] *No, not had
2nd MMR (measles, mumps, rubella) vaccine	[ ] Yes, date (MMYY)	**OR** [ ] Yes, had but unsure of date	**OR** [ ] *No, not had

Q1 Have you lived in a country other than the UK for 6+ months in the last year **or** were you born in another country?
[ ] No [ ] Yes; if *yes, where?* *(please write below)*

.....

Q2 Have you been diagnosed with any of the following conditions? [ ] No - *none* [ ] Yes - *Please tick those that apply;*

[ ] Coronary Heart Disease (CHD)
[ ] Diabetes
[ ] Eating disorder
[ ] Epilepsy
[ ] Hypothyroidism *(low/underactive)*
[ ] Mental Illness requiring treatment
[ ] *Hypertension *(Raised Blood Pressure)*
[ ] *Congenital Heart Disease
[ ] *Cancer *(active within the last 2 years)*
[ ] Asthma ...*please also tick the following - if they apply;*
[ ] *and I have used an inhaler within the last 18 months
[ ] *and I use an inhaler 3+ times per week

Q3 Do you take any prescribed medication at present? [ ] No [ ] Yes; *if yes, what (Please include the pill and depo-injection)*

.....

.....

.....

Q4 Do you have any allergies? [ ] No [ ] Yes; *if yes, what:*

.....

.....

Q5 What is your: Height? ..... *(cm/ft inches)* Weight?.....*(kilo/stone)*

Q6 Have you had/do you suffer from **any *serious illness?** [ ] No [ ] Yes*; if yes, what and when*

1. .....(Date).....

2. .....(Date) .....

Q7 Have you had **any significant injuries or operations?** [ ] No [ ] Yes*; if yes, what and when*

1. .....(Date) .....

2. .....(Date) .....

Q8 Have you **any disability/communication needs**? [ ] No [ ] Yes*; if yes, what* .....

.....

Q9 Do any of your parents/brothers/sisters suffer from any of the following medical problems? [ ] No [ ] Yes*; if yes, what/who?*

[ ] ***Heart disease at an early age** *Who?* .....

[ ] ***High cholesterol** *Who?* .....

[ ] High blood pressure *Who?* .....

[ ] Cancer *Who?* .....

[ ] Diabetes *Who?* .....

Q10 FEMALES ONLY - please answer this boxed section if applicable

a) Have you ever been sexually active? [ ] No [ ] Yes **b)** Do you require contraception? [ ] No [ ] Yes

c) When was your last cervical smear/PAP? (date/year).....

d) Have you ever had an abnormal smear/PAP? [ ] No [ ] Yes*; if yes, what was the date/year?* .....

e) Number of pregnancies .....

Q11 Do you smoke? [ ] Never [ ] Used to (not now) [ ] Current smoker – *how many per day?* .....

Q12 Do you drink alcohol? [ ] No [ ] Yes*; if yes, please proceed to the questions below and circle your answer:*

QUESTIONS	SCORING SYSTEM				
	0	1	2	3	4
How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Daily or almost daily

*****PLEASE READ THIS SECTION CAREFULLY******

Confidentiality & data protection statement: *The practice treats the information you provide as confidential. Further information about how your data is used is available to view on our website.* ***The following systems use your data and you will need to either opt in or opt out of the data extractions.***

1.	**Summary Care Record (SCR) -** A national NHS system where a summary of your GP medical record (such as significant diagnoses, allergies & medications) is available to be accessed by other healthcare providers across the country. Use of this system is audited.	[ ] *Tick to opt IN* [ ] *Tick to opt OUT*
2.	**Care.Data *(please note: The Government has put this initiative on hold for the moment)*** - NHS England can instruct the Health and Social Care Information Centre (HSCIC) to extract patient identifiable, medical information stored in your GP record, to enable them to carry out national audits/identify trends and other analysis of this information. HSCIC can then pass this information onto other organisations/third parties for use as they see appropriate.	[ ] *Tick to opt IN* [ ] *Tick to opt OUT*

**Any other relevant information – please add here or use a separate piece of paper, ensuring your name & date of birth are clearly stated

COMPLETION OF THIS QUESTIONNAIRE DOES NOT REGISTER YOU WITH A DOCTOR

We need to receive your signed GMS1 (GP registration) form in order for you to be registered

Office use only:	[ ] HC not required	[ ] *HC offered	[ ] HC refused	[ ] *TB screen only	[ ] *Imms required
	[ ] Practice leaflet given at reg		[ ] Dr appt needed	[ ] Smoking Cessation	

EMIS No.	
Reg clerk	
Reg date	