

NEW PATIENT QUESTIONNAIRE

Welcome To Prestbury Medical Practice.

It is important that we have your correct Name and Address, so that we can operate an efficient filing system. We would be grateful if you would take the time to complete the form below as fully as you can. If in the future any of these details change, please let us know. The questionnaire NEEDS to be completed in full before registration can go ahead.

Surname:.....

Forename(s):.....

Date of Birth: / /

Ethnic Origin: (Please tick appropriate)

- | | | | |
|---------------------------------|--------------------------|-----------------------|--------------------------|
| British | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| White & Black Caribbean | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Not wishing to give information | <input type="checkbox"/> | | |

If other please state:.....

Main Language: (Please tick appropriate)

- | | | | | | |
|-----------------------|--------------------------|---------------------------------|--------------------------|---------|--------------------------|
| English | <input type="checkbox"/> | Polish | <input type="checkbox"/> | Hindi | <input type="checkbox"/> |
| Punjabi | <input type="checkbox"/> | German | <input type="checkbox"/> | Italian | <input type="checkbox"/> |
| Urdu | <input type="checkbox"/> | Thai | <input type="checkbox"/> | Czech | <input type="checkbox"/> |
| British sign language | <input type="checkbox"/> | Not wishing to give information | <input type="checkbox"/> | | |

If other please state:.....

Height:.....

Weight:.....

Please circle YES or NO if you require an interpreter

We are improving how we communicate with patients. Please let us know if you need any other information in a different format or any other communication support.

(1) Do you smoke? Yes / No
 If yes how many per day:-
 - Cigarettes:.....

(2) Alcohol Screening - Please circle most relevant Answer

Questions	Scoring System				
	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

(3) Do you have any allergies?

If yes please state below.

.....

IMPORTANT - Please give details of Next of Kin

Name:

Address:

Telephone Number:

Relationship:

Signature:

4.) Are you a Military Veteran? (Please circle one of the below)

Yes

No

The practice is looking for patients to join the Patient Participation Group.

If you are interested please ask at reception for more details.

PATIENT'S CURRENT CONSENT PREFERENCE

(IMPLIED CONSENT FOR MEDICATION, ALLERGIES AND ADVERSE REACTIONS)

(YOUR SUMMARY CARE RECORD CONSENT PREFERENCE)

- 1) EXPRESS CONSENT FOR MEDICATION, ALLERGIES AND ADVERSE REACTIONS ONLY
- 2) EXPRESS CONSENT FOR MEDICATION, ALLERGIES AND ADVERSE REACTIONS AND ADDITIONAL INFORMATION
- 3) EXPRESS DISSENT (OPT OUT) – YOU DO NOT WANT A SUMMARY CARE RECORD

Prestbury Medical Practice

Correspondence to :

81 Prestwood Road West
Wednesfield
Wolverhampton
WV11 1HT
Tel: 01902 721021
Fax: 01902 306225

Bushbury Health Centre
Hellier Road
Wolverhampton
WV10 8ED
Tel: 01902 394830
Fax: 01902 444479

Our practice guidance for EMIS Access

Please use this web address to login:- <https://patient.emisaccess.co.uk>

Before you begin to use EMIS Access we would appreciate it if you could read the following guidance regarding the booking of appointments and requesting repeat prescriptions over the Internet. Please keep this page of the document for your own reference

A document containing your pin number and log on details will be printed and a member of staff will contact you to come to the surgery to sign for these details, as soon as the practice receives your signed consent form. Please memorize and destroy this document as it contains your personal information.

Reasons for Appointment

We would ask that you enter a reason for your appointment in the box provided when booking an appointment this gives us the opportunity to ensure that it is appropriate for you to see the doctor rather than a nurse. Please be assured that all details entered are secure and cannot be intercepted. Our practice has a strict confidentiality policy.

Missed Appointments

Please let us know if you will be unable to attend an appointment that you have booked online. Either contact us by telephone to cancel it or cancel it online. This will allow us to offer the appointment to another patient.

We realise that there are valid reasons for not attending, however we will be monitoring such occurrences on a regular basis. **If you miss an appointment more than three times in one year we will remove your facility to use EMIS Access**, however you will still be able to book appointments with our receptionists.

Nurses & HCA (Health Care Assistants) Appointments

These are limited due to the nature of the appointments

Doctors' Appointments

Please ensure that you book the appointments appropriately. If you are unsure as to whether it is appropriate for you to see a nurse or a doctor please contact us by telephone.

Doctors' Appointments	Nurses Appointments	Health Care Assistants Appointments
Suspected illness	Smears	Blood Pressure
Illness	Childhood/baby immunisations	Weight
Follow ups to previous consultations	Travel Vaccinations	ECG's
Medication reviews	Dressings, ear	Blood tests (before

Dr. J.L.C Luis - M.B., Ch.B.
Dr. S. Rafiq - BSc., MBBS, MRCP, DRCOG, DFFP, Dip Derm
Dr M. Faiz Kazi - BMBS, BMedSc, MRCP

Dr. C. Pillay - M.B., Ch.B., MRCP
Dr. A.J. Cox - M.B., Ch.b, DRCOG, MRCP
Dr D. Ndukwe -MBBS, MRCP, DFSRH

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Wolverhampton
WV10 8ED
Tel: 01902 394830
Fax: 01902 444479

Agreement to Practice Guidelines for the use of EMIS ACCESS

Patient Name:..... DOB:

Contact Phone Number:

Email address:.....

I have understood and will adhere to the practice guidance for the use of EMIS Access. I understand that failure on my part to adhere to the guidance may result in my EMIS Access registration being terminated. I understand that this will in no way affect my registration with the practice.

Booking Appointments/Request Repeat Prescriptions

Signed _____

Dated _____

Dr. J.L.C Luis - M.B., Ch.B.
Dr. S. Rafiq - BSc., MBBS, MRCP, DRCOG, DFFP, Dip Derm
Dr D. Ndukwe - MBBS, MRCP, DFRS
Dr Rauf- BMEDSCI, M.B.CH.B, MRCP

Dr. C. Pillay - M.B., Ch.B., MRCP
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