

Patient Questionnaire				
Surname		Forenames		
Address		Next of kin:		
Home Telephone No:		Tel:		
Emergency contact No:				
Occupation		Date of birth	NHS No.	
Marital status: *Single / *Married / *Separated / *Divorced / *Widowed				
Family History				
Have your parents / brothers or sisters had any of the following ?				
TB	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	
Heart attack	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	
Hay fever	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>			
If so, please give details:				
When did you last have a tetanus injection ?				
Tobacco consumption:		Never smoked	<input type="checkbox"/>	
None since _____		No. per day ?	_____	
Alcohol consumption (units / week):				
Height _____	Weight _____			
Exercise	* Inactive	* Gentle	* Moderate	* Vigorous
Diet	* Normal	* Vegetarian	* High fibre	* Vegan
		* Low fat	* Diabetic	* Dieting
* Circle as appropriate				

Previous illness	
Have you ever had a serious illness(es) ?	
Dates	Details
Have you ever had any operations ?	
Dates	Details
Please give details of any medication you are taking at present:	
Name	How Often ?
Are you allergic to any drugs ?	
Please give details	
Women only	
What contraception do you use ? * Pill / * Sheath / * Coil / * Nothing	
When did you last have a cervical smear ? _____	
Children under 5	
Has your child received any of the following vaccinations (please tick)	
1st DTPPOL/HIB	<input type="checkbox"/> MMR <input type="checkbox"/>
2nd DTPPOL/HIB	<input type="checkbox"/> Pre-school booster for;
3rd DTPPOL/HIB	<input type="checkbox"/> DTPOL & MMR <input type="checkbox"/>
* Circle as appropriate	

As part of the Government's drive to reduce the levels of harmful drinking in the UK, we are required to ask all newly-registered patients to complete the table below.

Questions	0	1	2	3	4	Your Score
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 or more times / week	
How many units of alcoholic drink do you have on a typical day when you are drinking ?	1-2	3-4	5-6	7-9	10 or more	
How often do you have 6 or more Standard alcoholic drinks on one occasion?	Never	Less than monthly	monthly	weekly	Daily or almost daily	
How often during the last year have you found 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 of you because of 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	

A score of 5 or more points on the first 3 questions could indicate a hazardous or harmful level of drinking. A total score of more than 8 indicates hazardous drinking.

If this is the case our Practice Nurse will send you an invitation for an appointment to discuss healthy lifestyles and alcohol consumption.

SMS Text & Email Service for Stoke Road Patients



We can now send you a **free** confirmation & reminder text for all your appointments at Stoke Road Surgery

What Do I Need To Do?

All we need to start sending confirmation texts & reminders to your mobile phone is for you to complete the consent form available at the surgery or download a printable copy from the surgery website www.stokeroadsurgery.co.uk

How Does It Work?

Make your appointment at the surgery in the usual way, by phone, online or in person at the reception desk and you will receive a text message confirming your appointment. Two or three days before your appointment date, our computer system will automatically send you a reminder message. This message will be sent as a text to the mobile phone number you have given us.



Receiving e-mails

On Occasion we may send information regarding forthcoming health clinics like Seasonal Flu Vaccination clinics and other services available at Stoke Road Surgery which are relevant to you.

Frequently Asked Questions

Q How secure is this service?

A The information comes from our computer system at the surgery, which is highly secure. Mobile networks are secure and the mobile companies put very strict controls in place to prevent individuals from misusing network technology. It is extremely unlikely an individual text message would be read and it would take high level system administrator access to do it. Once the message reaches the mobile phone, it is only as secure as you keep your phone.

Q Which appointments will I be reminded about by text?

A You will receive reminders about **all** appointments at Stoke Road Surgery. We will not send personal medical information like test results by text.

Q I share a mobile phone - can I receive text reminders for my partner's appointments?

A Only if both you and your partner have given us your consent to do so.

Q Can I receive text reminders about appointments for children in my family?

A If you want to receive reminders for your children, we can include them on your appointment reminder service. However, currently, this service is not yet available to children between the ages of 10 and 16. This is something we are looking to introduce in the future. Children who are 16 years and over must complete their own consent form.

Q What if I change my mobile number or my e-mail address?

A Please ensure you let us know your new number / e-mail address as soon as possible. We will update our records and you will continue to receive reminders.

Q What happens if I no longer want to receive reminders / text information?

A Please let us know and we will remove your consent from our system.

**Please complete the consent form to sign up to our
sms text reminder & email service**

