**Today’s Date:**

Dr.S.A.Malik

# New Patient Questionnaire

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| --- | --- | --- | --- | --- | --- |
| Full Name:  Dob : | | | Telephone Number: | | |
| Mr/Mrs/Ms/Other | | | Work Number: | | |
| Address | | | Mobile number: | | |
| E-mail Address: | | |
| Next Of Kin: | | |
| Martial Status | | | Next of Kin Contact details | | |
| Gender: Male: | Female: | | Occupation | | |
| If you are a Carer, please state the name/address/phone number of the person you care for. | | | Person cared for Contact Details | | |
| If you have a Carer, please state the name/address/phone number and sign here if you wish us disclose information about your health to your Carer. | | | Carer Contact Details | | |
| Signed Date | | |
| Summary Care Record:  The NHS are changing the way your health Information is stored and managed. A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed. For more information visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk).  Tel8: 0300 123 3020 | | | | | |
| Are you happy to have a summary care Record? | | Yes | | No |  |

Care Data Programme

|  |  |  |  |
| --- | --- | --- | --- |
| Under the Health & social Care Act2012, NHS England has the power to direct the HSCIC(health &social care information centre)to collect information from all providers of nhs care, including general practices. Gp’s are legally required , under the act to provide data to the HSCIC for the care data programme. Confidential information from your medical records can be used by the NHS to improve the services offered . for more information visit ---[www.hscic.gov.uk/patientconf](http://www.hscic.gov.uk/patientconf)  Tel 0300 456 3531 | | | |
| Are you happy to consent for care data programme | yes | No |  |

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| --- |
| Were You Under medical cover of the armed forces: |

**Thank you for completing this form.**

**Please make an appointment to see Nurse for New Patient Health Check.**