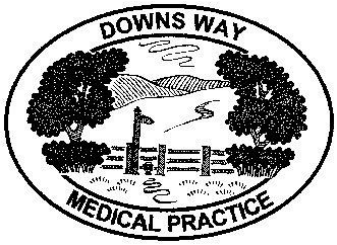
Main Surgery:
Istead Rise Surgery,
Worcester Close,
Istead Rise,
GRAVESEND,
Kent DA13 9LB
Telephone: 01474 247003
www.downswaymedicalpractice.co.uk



Dr Devinder S Mahil
Dr Tariq S Hussain
Dr Rupal Patel
Dr Reena Jacob
Dr Hajane Jeyabalasingam
Mrs Zara J Williamson
Mr Keith D Fuller

VAT registration No: 879 1358 76

NEW PATIENT HEALTH QUESTIONNAIRE (ADULT)

Welcome to Downs Way Medical Practice. As it may take several weeks for your medical records to be transferred from your previous GP surgery, please complete this questionnaire to help us provide you with safe and appropriate care during this period.

Title	Mr☐ Mrs☐ Miss☐ Ms☐ Other:			
Your Name				
Date of Birth				
Address				
		Postcode		
Occupation				
Home Telephone				
Mobile Telephone				
Email Address				

CONSENT to SMS and EMAIL *(this allows us to send you appointment notifications and general practice information)*	**Please Circle** **Yes / No**

Family History

Has anyone in your immediate family (aged under 65) suffered from any of the following conditions? (Please tick any that apply and note the relationship and age of diagnosis)

Condition	**Relationship to you**	**Age at diagnosis**	**Date (if known)**
Asthma ☐			
Angina ☐			
Cancer ☐			
Diabetes ☐			
Heart Attack ☐			
High Blood Pressure ☐			
Stroke ☐			

For Females aged 15 to 65

If you use any form of contraception, please tick which applies.

Coil ☐	**Depo injection** ☐	**Implant** ☐	**Oral Pill** ☐	**Patches** ☐	**Other:** ……
If you have a Coil or Implant, approximately what date was it fitted?				**Date** ……	
Have you had a recent smear?		**Date** ……		**Normal** ☐	**Abnormal** ☐

PLEASE TURN OVER TO COMPLETE SIDE 2

Alcohol Consumption

For the following questions please tick the answer which best applies.
1 drink = ½ pint of beer or 1 glass of wine or 1 single sprits

How often do you have a drink containing alcohol?	**Never** ☐	**Monthly or Less** ☐	**2 – 4 times a month** ☐	**2 – 3 times per week** ☐	**4+ times per week** ☐
How many standard drinks of alcohol do you drink on a typical day when you are drinking?	**1 – 2** ☐	**3 – 4** ☐	**5 – 6** ☐	**7 – 9** ☐	**10+** ☐
How often do you have 5 or more drinks on one occasion?	**Never** ☐	**Monthly or less** ☐	**Monthly** ☐	**Weekly** ☐	**Daily or almost Daily** ☐

Additional Communication Requirements

At Downs Way Medical Practice we want to make sure that we give you information in the way that is clear to you.

Do you have any specific communication needs? Please put a tick in the box that describes your preferred means of communicating.

By phone		**By Letter**	
By Text Message		**Braille Grade 1**	
By Email		**Braille Grade 2**	
Large Print Font		**British Sign Language**	
Easy Read		**Via third party or Carer**	
Do you require the help of a Translator or Interpreter?		**Language ……**	

By leaving this section blank we **<u>will not</u>** record the need for alternative communication methods in your record.

Signature

By signing this form I confirm the information provided is correct at the time of submission and confirm that it will be added to my medical record.

Signed	
Date	

For Practice Use Only

Date Received	
Date Applied	
Initials	

Military Service Questionnaire

Name……
Date of Birth……

1. **Have you ever served in the UK Armed Forces?** YES ☐ NO ☐

   If YES, please provide details under Question 2:

2. **Are you currently serving in the UK Armed Forces (this includes reservists or part time service, eg Territorial Army)?** YES ☐ NO ☐

   IF YES, please provide details:

   Service (eg Royal Navy, Army, Royal Air Force) ……..

   Regular ☐ Reserve ☐ Rank/rate……

   Service Number (if you can remember if – doesn't matter if you can't)

   ……

   Approx dates of service – from…… to……..

3. **Are you a member of a current or former serviceman or woman's immediate family/household?** YES ☐ NO ☐

   If YES – please provide details of the current/former serviceman/woman and their relationship to you.

   Their name……..…..… Their date of birth……..

   Relationship to you……

   Service (eg Royal Navy, Army, Royal Air Force) ……..

   Regular ☐ Reserve ☐ Rank/rate……

Office use only:

Coded onto emis using guideline template ☐ Initials…… Date……..

Application for Online Access

To apply for this service please complete this form and return it to the Surgery in person. You will need to bring photo ID* and proof of address^. You will need an individual e mail address to apply for the service. Registration details will be emailed to you.

Please note they expire one month after issue, so if you haven't activated it by then, you will need to reapply. If you require online access to Detailed Medical Records, ask for the additional form.

**ID needs to show a current photo and signature, eg Current Passport or Driving Licence*
^ Photocopies will be taken and kept on file

Surname	**Date of Birth**
First Name	
Address **Postcode**	
Personal Email address (not shared):	
Home number	**Mobile number**

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my Online Summary (Medications & Allergies) (#93440)	☐

I wish to use Online Services. Please read each statement carefully and tick before signing.

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. I agree to be added to the Patient Group to receive information and surveys about the Practice	☐

I understand and agree with all the above statements:

Signature	**Date**

For practice use only

Patient NHS number		EMIS ID number	
Identity verified by (initials)	Date	Method	Vouching ☐ Vouching with information in record ☐ **Photo ID and proof of residence ☐**
Authorised by		Date	