

MOUNT PLEASANT PRACTICE

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CONFIDENTIAL HEALTH QUESTIONNAIRE FOR NEW PATIENTS

Welcome to the practice. It can take a number of weeks for your medical records to arrive from your previous practice and, in order to facilitate a smooth transition in your medical care, we would be grateful if you would complete the enclosed questionnaire and hand it into the Hub with the Registration Form.

This is particularly important if you are currently in receipt of any repeat medication as we will need to ensure that we have all the appropriate information and/or blood tests required to accurately prescribe for you.

Personal Details

Surname	First Names	
Address		Post Code
Home Tel. No	Mobile No	Date of Birth
Email Address	Marital Status	

Do you live with your family at the above address Yes / No
Do you live with other people to whom you are not related Yes / No
Do you look after any relatives not living with you Yes / No
Do you act as the main carer for another member of the household (excluding your children) Yes / No
Would you consider yourself to be housebound Yes / No
Have you ever served in the armed forces? Yes / No
Have you ever lived abroad Yes / No

Your Health

What is your height your weight.....

Have you ever suffered from any of the following conditions:- (Please tick as appropriate)

Asthma/COPD () Diabetes () Stroke () High Blood Pressure () Heart Attack/Angina () Epilepsy ()
Blackouts/Faints () Thyroid Problems () Nervous/ Mental Breakdown () Cancer ()

Have your parents or brothers and sisters suffered from any of the above, or an inherited disease?

Yes / No

If 'Yes', please state their relationship to you and the condition.

Please give details and approximate dates of any significant illnesses, disability or operations you have had.

Are you currently taking any tablets, medicines or injections? Yes / No

If 'Yes', please attach a copy of the re-order slip from your last prescription. If you do not have a re-order slip, please ask your previous surgery to provide you with one.

Have you any allergies to medicines or to anything else? Yes / No

If 'Yes', please give details

Lifestyle Please tick the appropriate answers

Smoking

() I have never smoked

() I used to but gave up in(date)

() I currently smoke cigarettes / cigars oz. of pipe tobacco per day

() I currently use a Vape

We would like to emphasise that smoking is one of the biggest preventable causes of ill-health in the country and as such we would like to offer support and encouragement to help you to stop smoking. Many people manage to stop smoking alone but quit rates are higher in those who have help and we recommend the following website as a great starting point. www.helpmequit.wales

If you would prefer, please speak to one of our Care Navigators who will be happy to refer you for this service.

Drinking	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total score						

Exercise

() I do take regular exercise

() I do not take regular exercise

Do you consent to SMS reminders and contact? Yes/No

Name.....

Signed.....

Date.....

Acceptable Behaviour Contract

Patient Name	
Address	
NHS Number	

Responsibilities and Rights – A Patient Undertaking

Your Rights	Your Responsibilities
Mount Pleasant Practice and their staff owe to you, as a patient, a duty of care and aim to provide services to meet your needs for healthcare and treatment.	You will not behave in any way, which can be considered to be violent, threatening, demanding or abusive*.
Mount Pleasant Practice and their staff aim to provide health services that are sympathetic to your individual needs <u>within the resources which the ABUHB / Primary Care Independent Contractor has available.</u>	You will treat Mount Pleasant Practice and their staff, fellow patients and their carer's and visitors politely and with respect at all times.
Mount Pleasant Practice and their staff are expected to treat you with courtesy and respect.	You will not consume alcohol or take any form of non-prescribed medication or drugs whilst on NHS premises.
Mount Pleasant Practice and their staff seek to deliver appropriate and effective healthcare and treatment to you.	You accept and understand that Mount Pleasant Practice is obliged to provide a safe and secure environment for all its staff and to care for their health and safety. You accept and understand that no member of the Mount Pleasant Practice's team has to jeopardise their safety in providing you with care.

***Violence** includes any incident where Mount Pleasant Practice and their staff, fellow patients and their carers are abused, threatened or assaulted in circumstances related to their work. An act of violence may involve an explicit challenge to the safety, wellbeing or health of any member of ABUHB staff, Primary Care Independent Contractor, their staff or other patients. Violent behaviour may include verbal abuse, racial or sexual harassment, threats of injury, abuse of alcohol or drugs, destruction of NHS property, threatening or intimidating behaviour as well as physical acts of violence.

I confirm that I understand that if my behaviour has been unacceptable and if I do not comply with my responsibilities as a patient, then this can result in the withdrawal of my rights as a patient of Mount Pleasant Practice and I can lose my right to receive mainstream NHS Primary Care Services.

Signature of patient	
Print Name (Block Capitals)	
Date	