WEST WIRRAL GROUP PRACTICE

HEALTH QUESTIONNAIRE

**SURNAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORENAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: MASTER MISS MR MRS**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POST CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEIGHT:\_\_\_\_\_\_\_\_\_\_ HEIGHT: \_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PATIENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give consent for my relative/carer detailed below to telephone on my behalf to receive any relevant information regarding my medical health from my records, until further notice.**

**Patient’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient’s date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relative/Carer’s details: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relative/Carer’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NHS DATA AND CLINICAL RECORD SHARING CONSENT:**

**DO YOU GIVE CONSENT FOR OTHER MEDICAL PROFESSIONALS TO VIEW YOUR RECORDS? YES NO**

-WHAT DOES THIS MEAN?

When used for medical purposes, information will be accessible to health professionals, clinical or non-clinical, with a duty of care to keep it confidential ie, seeing medications, allergies and additional information. This means when you have a hospital appointment third party will be able to see your GP records.

**SMOKING:**

**DO YOU SMOKE: YES** **NO** **EX SMOKER** if so, how many do you smoke per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALCOHOL INTAKE: \_\_\_\_\_\_\_ UNITS/WEEK**

**CARERS:**

**DO YOU HAVE A CARER? YES NO**

**ARE YOU A REGISTERED CARER FOR ANOTHER PERSON? YES NO**

**MEDICATION:**

Your medication can be sent electronically to a pharmacy.

Please nominate a pharmacy you would like to have your prescriptions sent to.

**Name of pharmacy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONLINE SERVICES**

The NHS online service is now available by downloading the NHS APP via a smartphone or tablet.

**Use the NHS App to:**

* Order repeat prescriptions – See your available medicines and request new repeat prescriptions.
* Check your symptoms – search trusted NHS info and get instant advice and medical help near you.
* View your medical record – securely access your GP record to see information like your allergies, current/past medicines, and results.

**Email:**

**To email the prescriptions team- to order/request medications please use this email below:**

* [cmicb-wi.wwgp-prescribing@nhs.net](mailto:cmicb-wi.wwgp-prescribing@nhs.net)

**Paper requests:**

* Paper requests to be posted in the box at the practice.

Did you know you are now able to view results/ access medical records via the NHS app if you follow the link you will be able to download and setup:

**https://www.nhsapp.service.nhs.uk/login**