

Health Questionnaire

Please complete all sections

YOUR CONTACT DETAILS

Title: Mr Mrs Miss Ms Other

First Names:

Surname:

Previous Surnames:

Date of Birth:

Occupation:

Home Address:

Home number:

Postcode:

Mobile number:

Email address:

Iress:

INFORMATION ABOUT YOU

What is your height?

What is your weight?

What is your first language?

ETHNIC GROUP

White • British • Irish • Other, Please State:

Black • Caribbean • African • Other - Please State:

Asian • Indian • Pakistani • Chinese • Other - Please State:

Mixed • White + Black Caribbean • White + Black African White + Asian Other • Please State:

PREVIOUS OR CURRENT GP - Name and Address (NHS Number if known)

MEDICAL INFORMATION

Please list any serious illnesses / operations / accidents / disabilities / and for women any pregnancy related problems (please mention the year they took place.

HAVE YOU EVER BEEN DIAGNOSED WITH...? YES/NO

Epilepsy

High Blood Pressure Heart Attack/Stroke Cancer Eczema / Hay Fever Blindness / Glaucoma Diabetes Depression

Asthma

COPD

PLEASE LIST ANY MEDICINES BEING TAKEN AND THE AMOUNT (IF KNOWN)

ARE YOU RECEIVING OR HAVE YOU RECEIVED ANY TREATMENT OR THERAPY FOR THE ABOVE? If YES, please give details.

ARE YOU REGISTERED DISABLED? If YES, please give details

CARERS

Do you have a carer? YES / NO (if YES, please give details)

Are you a carer? YES / NO (if YES, please give details)

DO YOU HAVE ANY ALLERGIES? If YES, please list.

WOMEN

Have you ever had a cervical smear? YES / NO (Please state last date)

HAVE YOU EVER REFUSED TREATMENT / SCREENING OF ANY KIND AND IF SO, WHAT? YES / NO

HAVE YOU EVER SOUGHT MEDICAL ADVICE

SMOKING

Do you smoke? YES / NO

If 'NO', have you ever smoked? YES / NO

If you have previously smoked and stopped, when did you stop smoking?

FOR ...? YES / NO

Anxiety

OCD

Depression

Bipolar Disorder

If you do currently smoke, how many cigarettes or ounces of tobacco do you smoke per week? Would you like advice on giving up smoking? YES / NO

DO YOU HAVE ANY OTHER MENTAL HEALTH CONCERNS? If yes, please give details.

ALCOHOL

(1 drink (2 Units) = ½ pint of beer or 1 glass of wine or 1 single spirits)

How many drinks do you have per week in total?

How many days of non-drinking do you have per week?

How often do you have EIGHT (Men) / SIX (Women) or more drinks on one occasion?

Never / Less than monthly / Monthly / Weekly / Daily

FOR PATIENTS AGED 65 AND OVER OR THOSE WITH A CHRONIC DISEASE (e.g. asthma or diabetes)

Have you had a flu vaccination? Enter date or 'Never'

Have you had a pneumococcal vaccination? Enter date or 'Never'.

NOTES

FAMILY HISTORY

Please state any serious illness, in particular cancer, heart disease, stroke, high blood pressure, diabetes or any inherited disease. Please state your relationship to the individual and in the case of cancer, the type of cancer.

NEXT OF KIN

Please give name, address and telephone number of next of kin. Please also state the contact details of your power of attorney if you have one.

Privacy Notice

What is a Privacy Notice?

A privacy notice is a statement that discloses some or all of the ways in which the practice gathers, uses, discloses and manages a patient's data. It fulfils a legal requirement to protect a patient's privacy.

To ensure compliance with the UK General Data Protection Regulation (UK GDPR), My Specialist GP must ensure that information is provided to patients about how their personal data is processed in a manner which is:

- Concise, transparent, intelligible and easily accessible;
- Written in clear and plain language, particularly if addressed to a child; and
- Free of charge

What is GDPR?

The UK GDPR replaces the EU GDPR following Brexit and was previously known as the Data Protection Directive 95/46/EC. GDPR harmonised data privacy laws initially across Europe, but now throughout the UK. It has been incorporated into the Data Protection Act 2018 to reshape the approach to data privacy.

What Information do we collect about you?

My Specialist GP will collect information such as personal details, including name, address, next of kin, records of appointments, visits, telephone calls, your health records, treatment and medications, test results, X-rays, etc. and any other relevant information to enable us to deliver effective medical care.

How do we use your information?

Your data is collected for the purpose of providing direct patient care; however, we can disclose this information if it is required by law, if you give consent or if it is justified in the public interest.

Maintaining Confidentiality

We are committed to maintaining confidentiality and protecting the information we hold about you. We adhere to the UK General Data Protection Regulation (UK GDPR), as well as guidance issued by the Information Commissioner's Office (ICO).

Opt-Outs

You have the right to object to your information being shared. Should you wish to opt-out of data collection, please contact a member of staff.

Accessing Your Records

You have a right to access the information we hold about you, and if you would like to access this information, you will need to complete a Subject Access Request (SAR). Please ask at reception for a SAR form and you will be given further information. Furthermore, should you identify any inaccuracies, you have a right to have the inaccurate data corrected.

What to do if you have a Question?

Should you have any questions about our privacy policy or the information we hold about you, you can:

- Contact the practice's data controller via email at info@myspecialistgp.co.uk. GP practices are data controllers for the data they hold about their patients
- 2. Ask to speak to the practice manager and Data Protection Officer: Cathy Stewart

Complaints

In the unlikely event that you are unhappy with any element of our data-processing methods, you have the right to lodge a complaint with the ICO. For further details, visit <u>ico.org.uk</u> and select 'Make a complaint'.

We regularly review our privacy policy and any updates will be published on our website. This policy is to be reviewed on 1st March 2023.

I have read, understand and agree to the Privacy Notice Terms

YES/NO

Full name

Date

Signature