

THE HAVERHILL FAMILY PRACTICE
CAMPS ROAD AND BRANCH SURGERY, CROWN PASSAGE
PERSONAL HEALTH QUESTIONNAIRE

Name: Mr/Mrs/Miss/ Ms/Dr			
Date of Birth:		Marital Status	
Tel No. Home:		Work:	
Can we leave a message on your home answerphone or voicemail?		Mobile No:	
		*Yes No	
Can we send you text alerts regarding your booked appointment(s) and reminders to your mobile phone?		*Yes No	
Your email address?			
*By choosing 'Yes' you will be giving your consent			
We would be most grateful if you would take a few minutes to fill in the following information for our records. Records of ethnicity are important to enable us to effectively assess and plan health needs.			
British White		White & Asian	
Irish		Other Mixed	
Other White		Indian/British	
British Mixed		Pakistani/British	
White & Black African		Bangladeshi/British	
		Bangladeshi	
		Other Asian	
		Caribbean	
		African	
		Other Black	
		Chinese	
We will assume for administrative purposes only that you do not wish to inform us of your ethnic origin if you have not completed this section of the form.			
Please tick the relevant box	I have never smoked	<input type="checkbox"/>	
	I am a current smoker	<input type="checkbox"/>	How many per day? <input type="checkbox"/>
	I am an ex-smoker	<input type="checkbox"/>	How many per day? <input type="checkbox"/>
	I have been given advice on how to give up smoking	<input type="checkbox"/>	If yes, when? <input style="width: 150px;" type="text"/>
Are you an Armed Forces Veteran? Y/N			
If yes, please state which forces you served for:			
Smoking is bad for your health. Our practice strongly recommends that you stop and we have specially trained nurses that can help you to do this. Please book an appointment with our Nurses who will be able to support you.			
Weight:	kg	Or	st lbs
Height:	cm	Or	ft inches

ALCOHOL 27% of men and 15% of women in the UK drink excessively, placing themselves at an increased risk of future health or social problems (ONS 1998). The Department of Health guidelines for safe drinking state that

- For men, drinking between 3 and 4 units of alcohol a day or less indicates no significant risk to health. Regularly drinking 4 or more units of alcohol a day indicates an increased risk.
- For women, drinking 2 and 3 units a day or less indicates no significant health risk to health. Regularly drinking 3 or more units a day signifies an increased risk to health.

It is recommended that people do not drink up to the recommended limits every day.

Approximately 1 unit = ½ pint of beer/1 measure of spirit/1 glass of wine.

Units per week

How often do you have eight or more drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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How often during the past year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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Has a relative, friend, doctor or other health worker been concerned about your drinking and suggested you cut down?

No	Yes but not in the last year	Yes during the last year
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Please book an appointment if you would like help reducing your alcohol consumption.

A carer is someone who, without payment, provides help and support to a partner, a disabled child, a sick child, a child with special needs, a relative, friend or neighbour who could not manage without your help.

We offer an annual health check and support for all carers

ARE YOU A CARER? (please read above)

Yes ☐ No ☐

OR ARE YOU BEING CARED FOR?

Yes ☐ No ☐

If you have answered **YES** to either of the above please complete the following:

Name of Carer or Person you care for:

Address:

.....Telephone No.....

Next of Kin: Full Name:Telephone No.....

Relationship (ie. mother/father/sister/uncle/Special Guardianship Order):

Do you have parental responsibility for this child? *Yes/No (delete as appropriate)

Are you a regular blood donor? Yes ☐ No ☐

Your current occupation?

Signed:.....**Date:**.....

You need to hand this form to a receptionist so that you can be registered at the surgery before you can make an appointment to see a doctor or a nurse.

The Haverhill Family Practice
Camps Road and Branch Surgery, Crown Passage
PERSONAL & FAMILY HISTORY DECLARATION

Name: **DOB**

Medication

Are you currently taking any medication? If so, please provide a list of your current medication:

Current Personal History

Do you have any allergies:

Do you have any of the following (please tick):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> High Cholesterol |

Past Personal History

Please provide us with any details of any serious illness, injuries or operations you have had in the past::

Date or Year	Details
Date or Year	Details
Date or Year	Details
Date or Year	Details

Family History

Do you have any family history of any of the following?:

	Father	Mother	Siblings	Grandmother (Paternal/maternal)	Grandfather (Paternal/maternal)
Diabetes (Type I or II)					
High Blood Pressure					
Heart Disease (Congenital/ischaemic/other)					
COPD					
Asthma					
Stroke					
Epilepsy					
Kidney Disease					

Thank you for taking the time to complete this form. Please remove this leaflet, the Personal Health Questionnaire and the Purple Registration from this booklet and return them to the surgery.

Signature: Date:

Office Use Only: Enter Read Code Xab9D and registered GP on record once patient is registered



PREFERRED METHOD OF CONTACT

As from 01 April 2019 we need to know your preferred method of contact. This could be by home telephone, mobile, email or letter and we will do our very best to use this method.

Please complete the following so that we can update your records accordingly.

1. Home Telephone:

Ok to leave a message on home phone? Y / N

2. Mobile Telephone:

Ok to send a SMS message? Y / N

Ok to leave a voicemail message? Y / N

3. Email address

.....

4. Home address

PLEASE CIRCLE YOUR PREFERRED METHOD OF CONTACT
(1, 2, 3 or 4)

Print Name:DOB.....

Signed: Date:

Office use only: On S1 & Readcoded? Y/N.

Staff Initials

NHS Summary Care Record with additional information

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can choose to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

What to do next

If you would like this information adding to your SCR, then please complete this form, for return to the relevant GP surgery.

Name of Patient:

Date of Birth: Patient's Postcode:

Surgery Name: Surgery Location (Town):

NHS Number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

Name:

Capacity: circle as appropriate Parent Legal Guardian Lasting Power of Attorney

If you require any more information, please visit <https://digital.nhs.uk> or phone NHS Digital on **0300 303 5678** or speak to your GP Practice

HAVERHILL FAMILY PRACTICE

Next of Kin



Haverhill Family Practice would like to ensure patients' next of kin is recorded in their medical records. Therefore we would be grateful if you could please complete the form below so that we may update our records accordingly.

Your Name:

Your Date of Birth

Your Address:

.....

Your Postcode:

Your Tel Number:

Who would you like to nominate as your **Next of Kin** to be recorded on your medical notes?

Mr/Mrs/Miss/Ms/Dr:

First Name

Surname

Address:

.....

Postcode:

Tel Number:

Relationship

(ie. mother/father/sister/brother/uncle/other – please state)

.....

Signed: Date:

Many thanks for completing the above and returning it to Haverhill Family Practice:

Hfp/jdww Apr 17



**THE HAVERHILL FAMILY PRACTICE
CAMPS ROAD AND BRANCH SURGERY, CROWN PASSAGE**

DESIGNATED PHARMACY

We need to know who you wish to collect your prescriptions from. It is entirely your choice who your chosen or designated pharmacist is.

Your prescription will automatically be sent to this pharmacist for any repeat medication you receive. If you do not have any medication on repeat, please still advise us of your chosen pharmacy for any prescriptions you may have in the future once registered at this surgery.

Please choose from one of the following:

Haverhill Pharmacy

Tesco Pharmacy

Sainsbury's Pharmacy

Boots

Well (Co-Op)

David Holland

Other (please specify)

Please return this form to the surgery with the rest of your registration forms. Please make sure your pharmacist is aware that you have requested them as the designated pharmacist.

Thank you
Haverhill Family Practice



Haverhill Family Practice

Access to Online Services

Would you like to be able to have access to order your repeat medication and book a routine doctor's appointment online?

We can offer this service for you, however, you must be over 16 years of age.

If you would like to use our online services please complete the form below and return it to us (either in person at either Haverhill Family Practice at Camps Road or Stourview at Crown Passage or via post), with two forms of ID (preferably photographic and confirmation of your address) and we can generate a password for you to be able to activate this service. It is completely confidential and you will receive your password either in person or in the *post once you have been registered. **In the event of posting the details to you, we will require one of the forms of ID to be proof of your current address.*

Once you have received a password, please go to our website www.haverhillfamilypractice.co.uk and click on the link and follow the instructions.

Name:

Date of Birth:

Address:

.....

..... Postcode

Signed:

Date:

Office use only:

2 Forms of ID given? Please state.....
(photo ID/passport/bus pass/blue badge/driving licence/utility bills/bank statements/Red Book (for children)

Password generated and posted to Patient(s)? Y/N

Signed: Date:.....

HFP/mb/jdww Feb 19



Haverhill Family Practice is currently updating their Carers Register.

Are You A Carer? Do you care for someone?

Do you care for your mother, father, child or somebody else? Do you have a parent, child or someone else that has a physical or mental illness, long term or life limiting condition and or needs additional support? Do you care for anyone full or part time? If this is the case you are 'caring' for them.

Please let us know if you do care for somebody, even a friend or neighbour. We as a surgery can offer you additional support to help with this.

In the winter months for instance, you would be entitled to a free flu vaccination. We know how flu can affect those with chest problems, the elderly, the vulnerable, friends or family members and if you protect yourself, you can help to protect those you care for by having an annual flu vaccination, therefore preventing the likelihood of you getting flu, or getting it as severely. This could help to prevent the spread of infection to a child or and adult from getting flu which in some cases can result in a hospital admission.

We have Suffolk Family Carers that come to the surgery on a regular basis who offer help, support, kindness and our doctors can offer respite on prescription if required. We have lots of information in our waiting room at both Camps Road and at Crown Passage (Stourview) that can help with any issues, concerns or worries you may currently have. There are leaflets and telephone numbers that may be of use to you. You can contact Suffolk Family Carers directly by telephone on: 01473 835407. Or go to their website www.suffolkfamilycarers.org or email their team at healthteam@suffolkfamilycarers.org

If you think that you might be a 'carer' of someone, please complete the slip below and return to us so that we can update our records for future reference.

Many thanks for completing the attached and returning it to Haverhill Family Practice:

My name is: DOB

I care for my: Mother/Father/Son/Daughter/Sister/Brother/Special Guardianship
Order/Other (please state whom)
.....

Their full name is: DOB

Is the person you care for registered at Haverhill Family Practice? YES/NO

Signed: Date:

Would you like your details passed onto Suffolk Family Carers? Yes/No

Haverhill Family Practice

Your baby's vaccination schedule

Don't forget to book your 6-8 week baby check (your *baby needs to be registered* with one of our doctors by this time) and your post-natal examination with the Doctor prior to having your baby vaccinated. Once you have had your post-natal examination and baby check - book your appointment at reception for your baby to have their vaccinations.

One of the best ways to protect your baby against diseases like measles, rubella, tetanus and meningitis is through immunisation. Your baby needs their first injections at 8 weeks, then 12 weeks, 16 weeks and one year. Bring your red book to all vaccination appointments.

Vaccinations are offered free of charge in the UK – just book your appointments with your GP. Remember, as well as protecting your own baby, you're also protecting other babies and children by preventing the spread of disease.

These are the vaccinations your baby will need:

8 weeks:

- 6-in-1 vaccine
- PCV (pneumococcal) vaccine
- RV (rotavirus) vaccine
- MenB vaccine

12 weeks:

- 6-in-1 vaccine – 2nd dose
- RV (rotavirus) vaccine – 2nd dose

16 weeks:

- 6-in-1 vaccine – 3rd dose
- PCV (pneumococcal) vaccine – 2nd dose
- MenB vaccine – 2nd dose

1 year:

- Hib/MenC vaccine given as a single jab containing vaccines against meningitis C (1st dose) and Hib (4th dose)
- MMR vaccine (measles, mumps and rubella), given as a single jab
- PCV (pneumococcal) – 3rd dose
- MenB vaccine – 3rd dose

A quick guide to your baby's vaccinations

- 6-in-1 protects against:
 - Diphtheria – a highly contagious bacterial infection, spread by coughs and sneezes, or close contact with someone with diphtheria.
 - Hepatitis B – an infection of the liver caused by a virus spread through blood and bodily fluids.
 - Hib (haemophilus influenzae type b) – bacteria that can cause several serious conditions including meningitis, sepsis (a kind of blood poisoning) and cellulitis.
 - Polio – a viral infection that can cause paralysis.
 - Tetanus – bacteria that can enter the body through a wound like a cut or scrape.
 - Whooping cough (pertussis) – highly contagious bacterial infection of the lungs and airways.
- PCV or pneumo jab protects against pneumococcal infections that can lead to pneumonia, sepsis and meningitis.
- RV protects against rotavirus infection that can cause diarrhoea and vomiting.
- MenB protects against meningitis and sepsis.
- Hib/MenC protects against haemophilus influenzae (a bacterium that can cause different serious illnesses) and meningitis C.
- MMR protects against measles, mumps and rubella (German measles).