

## **Patient Information**

People registered with this practice and others in Scotland are being asked to give their ethnic group. Your ethnic group is the group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by their parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the need for sign language support.

### **Why am I being asked these questions?**

Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

### **What do you mean by ethnic group?**

An ethnic group is the group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality - for example people of many different ethnic groups have British nationality.

### **What has my ethnic group got to do with my health care?**

Diseases like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

### **Isn't it obvious what my ethnic group is?**

No it isn't. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people without asking.

### **Why do I need to answer a question about needing an interpreter?**

We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients' needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

### **Who will have access to this information?**

Only staff in the practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to make sure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check that the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.



ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? \*

YES  NO

DATE OF DEPARTURE FROM UK 

D	D	M	M	Y	Y
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DATE OF ENTRY/RETURN TO UK 

D	D	M	M	Y	Y
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IF RETURNING FROM H M FORCES DATE ENLISTED 

D	D	M	M	Y	Y
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SERVICE/PERSONNEL NO. 

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**COUNTER FRAUD DECLARATION**

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE \_\_\_\_\_

DATE 

D	D	M	M	Y	Y
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IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME 

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YOUR RELATIONSHIP TO THE PATIENT 

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**VOLUNTARY CONSENT TO ORGAN DONATION**

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue  or my  
B. kidneys  heart  liver  small bowel   
eyes  lungs  pancreas  tissue

for transplantation after my death

D	D	M	M	Y	Y
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PATIENT SIGNATURE \_\_\_\_\_

DATE

**PRACTICE ACCEPTANCE AGREEMENT – for GP Practice use only**

PRACTICE CODE 

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GP NAME 

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GP REFERENCE NUMBER 

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IDENTIFICATION SEEN

MEDICAL CARD  BIRTH CERTIFICATE  PASSPORT  OTHER - SPECIFY 

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I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE \_\_\_\_\_

DATE 

D	D	M	M	Y	Y
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<b>OFFICIAL USE ONLY</b>		
Input By:	Date:	Checked By:

**RED PRACTICE, WHITEFRIARS SURGERY**  
**New Patient Questionnaire**

Please complete this form as fully as possible. The information will be of importance to provide you with good medical care until we receive your medical records.

Name

DOB

Occupation

Nationality

Ethnic Group (see attached leaflet)

First Language

Translator required Yes  No

Are you a smoker? Yes  No

Have you ever smoked? Yes  No

How many do you smoke a day

If you have stopped smoking please give the date

Please list any serious illness, accidents, operations, disabilities  
**Women** – please include any problems in pregnancy or at delivery

Please give present state of health and any serious illnesses in the family (if deceased, please state age and cause of death. IN PARTICULAR HISTORY OF HEART DISEASE.

Father

Mother

Brothers

Sisters

Children

What is your height?

What is your weight?

When was your last tetanus and/or polio vaccination?

*Please turn over*

**When and what was your last blood pressure?**

**You can take your own in the waiting room and provide us with the reading.**

**Have you any allergies? If so, what?**

**Do you drink alcohol?**

**Yes**

**No**

**Approximately how much per week?**

**Are you currently taking any medicines or having any treatment?**

**Do any medicines upset you?**

**Yes**

**No**

**Are there any concerns about your health you would like to inform your new doctor about?**

**Have you had a cervical smear test?**

**Yes**

**No**  **Year?**

**Have you had breast screening?**

**Yes**

**No**  **Year?**

**Are you a carer?**

**Yes**

**No**

**Do you have a carer?**

**Yes**

**No**

**Please give the name of address of the person who cares for you or you care for.**

**Next of Kin (Name & relationship)**

**Telephone No**

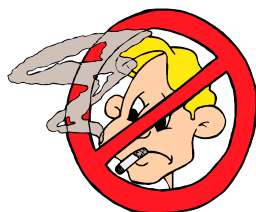
**Have you an Advance Directive (Living Will)?**

**Yes**

**No**

**If Yes, may we have a copy to file in your medical record?**

**If No and you would like to know more about this, ask at reception for information**



## SMOKING AND YOUR HEALTH

It is generally known that smoking damages your health.

Three quarters of smokers want to stop.

### How can you stop smoking?

- ◆ Smoking is addictive and can be very difficult to stop.
- ◆ Try to be realistic and set yourself realistic goals.
- ◆ Make a list of all the benefits of stopping, for example, the health benefits to you and those around you, saving money, improved sense of taste and improved fitness levels.
- ◆ Chose a day and stick to it. Get rid of your cigarettes, ashtrays and



lighters etc. Tell all your friends and family and ask for their support.

- ◆ Try to avoid situations that tempt you to smoke.
- ◆ Keep at it!

### How can you get help to stop smoking?

- ◆ Your employer may have a scheme to help people quit the habit, usually run by the Occupational Health Units.
- ◆ You may get advice from your Doctor or Practice Nurse who may give you



Nicotine replacement.

- ◆ Information and advice is available from [NHS Tayside 0845 600 9996](tel:08456009996) or from [NHS Health Scotland 0800 84 84 84 Smokeline](tel:0800848484).



### Nicotine Replacement Therapy

Nicotine is the addictive part of the cigarette. Addicted smokers can suffer unpleasant withdrawal symptoms and craving which can cause them to give up any attempt to quit. NRT acts as a temporary replacement to reduce the severity of the withdrawal symptoms. Studies have shown that NRT doubles the chance of stopping and that this increases if support is added.

### STOP SMOKING GROUPS IN PERTH

Tuesdays	Perth Leisure Pool	3pm – 4pm (crèche for under 5's)
Wednesdays	North Inch Community Campus	1.45pm – 2.45pm
	Gateway Centre, North Methven St	5.30pm – 6.30pm
Thursdays	Letham Community Centre	11.00am – 12 noon