Adult New Patient Health Check

Welcome to The Hollies Medical Centre

Hollies Road, Halewood, Liverpool, L26 0TH

Your named accountable GP is now Dr Rai. He is the principal GP and is responsible for your overall care. We do have two other GP’s available for you to see if needed.

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| Your details: Please complete the sections below. | | | | | | | |
| Surname: | |  | | Title: | |  | |
| Forename: | |  | | Date of birth: | |  | |
| Address: | |  | | | | | |
| Home contact number: | |  | | Mobile contact number: | |  | |
| Email address: | |  | | | | | |
| Patient occupation: | |  | | Marital status: | |  | |
|  | | | | | | | |
| Next of kin details: We need to take the details in case of an emergency; however we will not divulge any confidential information unless given prior consent. | | | | | | | |
| Surname: | |  | | Title: | |  | |
| Forename: | |  | | Date of birth: | |  | |
| Address: | |  | | | | | |
| Home contact number: | |  | | Mobile contact number: | |  | |
| Does this person have consent to discuss your medical records? | | Yes  No | | Is this person your emergency contact? | | Yes  No | |
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| Diversity and equality: Please complete the sections below. We need to take this information to ensure are services are accessible to everyone. | | | | | | | |
| Ethnicity/ race: | |  | | Main language: | |  | |
| Religion: | |  | | Interpreter needed? | |  | |
| Gender: | |  | | Sexual orientation: | |  | |
|  | | | | | | | |
| Past medical history: Please complete the sections below. We will ask a series of questions so that we can gather some up to date health information about you, as well as some past medical history. Everything divulged is treated as confidential. | | | | | | | |
| Past medical history; please state whether you have any past medical health complaints of significance or long term chronic illnesses | | | |  | | | |
| Allergies; please let us know of any allergies you may have, and the reaction you had to this intolerance | | | |  | | | |
|  | | | | | | | |
| Family History: Please complete the sections below. Have any of your family members suffered with any of the following conditions? If yes, please indicate and state which family member(s). | | | | | | | |
| High blood pressure | | | |  | | | |
| Heart disease >60 years old | | | |  | | | |
| Heart disease <60 years old | | | |  | | | |
| Diabetes  (please state which type if known) | | | |  | | | |
| Cancer  (please state which type if known) | | | |  | | | |
| Stroke | | | |  | | | |
| Other  (please state) | | | |  | | | |
|  | | | | | | | |
| Health status: please complete the sections below. | | | | | | | |
| Smoking status | | | | | | | |
| Current smoker | Ex-smoker | | Never smoked | | Social smoker | | E-cigarette user |
| If you are a current smoker, social smoker or ex-smoker how many cigarettes do you/ did you smoke a day (approx.) | | | | | | |  |
| If you are an ex-smoker, when did you stop? | | | | | | |  |
| We offer a smoking cessation service here at the practice for anyone who is thinking about quitting or would like to quit. You can simply drop in on a Monday between 5pm and 6pm. | | | | | | | |
|  | | | | | | | |
| Alcohol status | | | | | | | |
| How many units do you (approx.) drink each week? | | | |  | | | |
| Units explained:  1 small glass of wine = 1.5 units  1 regular glass of wine = 2.1 units  1 pint of beer/ lager/ cider = (higher strength) 3 units, (lower strength) 2 units  1 can of beer/ lager/ cider = 2 units  1 bottle of beer/ lager/ cider = 1.7 units  1 small shot of spirits = 1 unit  1 alcopop = 1.5 units | | | | | | | |
|  | | | | | | | |
| Are you a carer? | | Yes  No | | If yes, do you get help from social services? | | Yes  No | |
| Who do you care for?  (please indicate if this person is a patient) | |  | | | | | |
|  | | | | | | | |
| Are you on any repeat medication? If yes, we recommend that you ensure you have enough medication to last you a couple of weeks during the interim period that we wait for your medical records to arrive at the practice. If you have already been removed from your previous GP’s register, please request a printout of your medication so that we can ensure this is added to your records with the Hollies in time for your next repeat prescription.  Please note; we are unable to take prescription requests over the phone. | | | | | | | |
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| Recently, there were policy changes implemented which mean you are no longer able to order your medication through your pharmacy. We therefore recommend that you sign up to the Online Access which allows you to order at home online, or on to go on your phone.  You will also be able to see a summary view of your medical history as well as arrange appointments.  Would you like to sign up for this service?  Yes  No | | | | | | | |
|  | | | | | | | |
| Finally, if you have recently moved into the Halewood area, and you have previously arranged for your prescriptions to go to a pharmacy electronically or by EPS, you will need to ensure that, if you no longer want to use this pharmacy, the nomination is removed. You can do this with at the practice once you are registered. To request a new nomination, please go into your chosen pharmacy and request that they nominate you. This will automatically appear on our computer system. | | | | | | | |