

ALNESS/INVERGORDON MEDICAL GROUP PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. Please ask a member of staff if you need more explanation. We would be grateful if you could complete this form within/joining the practice.

Name _____ DOB ____/____/____ Tel no.: _____

Do you need an interpreter or sign language support? YES NO

If you do need an interpreter, what language do you speak? Please state _____

What is your ethnic group?

Choose **ONE** section from **A** to **E** then tick **ONE** box which **best describes** your ethnic group of background.

A) White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Gypsy/Traveler
- Polish
- Any other white ethnic group, please state _____

B) Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

C) Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please state _____

D) African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please state _____

E) Other ethnic group

- Arab
- Other, please state _____

If you do not wish to give this information, please tick here

This questionnaire is designed to provide your new doctor with some background information on your past and present health in order to help in your future care. All information you provide will, of course, be kept confidential.

Previous medical history

Have you had any serious illnesses, operations or accidents? If so, please list with approximate years:

Social history

Occupation: _____ Marital status: Single/Married/Widowed/Divorced

What family do you have in this area? _____

Smoking

Never Smoked

Ex-Smoker How many _____ Date when stopped _____

Current Smoker How many _____

Alcohol

How much alcohol do you drink per day? _____

Family history

Is there any history in your family (blood relatives only) of diabetes, heart disease, stroke, glaucoma?

Are you taking any tablets, medicines etc. regularly? Yes / No
If so, what medications and in what dosage?

For women

Do you use contraception? Yes / No
If so, which method? _____

If you have ever been pregnant please state how many deliveries, miscarriages, terminations or stillbirths you have had

Vaccinations

Please record the dates of any vaccinations you may have had as accurately as possible

diphtheria pertussis tetanus	diphtheria tetanus	polio	HiB	MMR	Rubella	Other e.g. for overseas travel

SMS TEXT MESSAGE CONSENT FORM

Alness/Invergordon Medical Group would like to offer you the ability to receive Text Message Reminders for your appointments booked at the surgery. We will also be sending invitations for vaccination and health screening appointments via this service. This service is currently only available to anyone over the age of 16.

The SMS services should not be solely relied upon, as the responsibility of attending and cancelling appointments still rests with you, but we hope this will make things easier.

Messages are generated by a NHS secure service, however they are transmitted over a public network to a personal phone. The Practice will never transmit any information that would enable an individual patient to be identified. Your mobile phone number will only be used by the Practice and will not be passed to any other parties.

Having your most up to date mobile number recorded with us is essential and it is your responsibility to change/update it if it is no longer in use.

If you choose to consent for this service we will record a consented entry in your records. If you choose not to consent for this service we will record a declined entry in your records. You can at any time choose to change your mind for this service in the future.

We will not send out any texts unless you have explicitly consented.

- I consent to the Practice contacting me by text message** for the purpose of health screening, vaccination information and appointment reminders. I will ensure that I keep the Practice informed of my up to date mobile number at all times, or if the number is no longer in my possession.
- I do not wish to consent for the SMS text messaging service.**

PATIENT NAME: _____

DATE OF BIRTH: _____

MOBILE NUMBER: _____

SIGNATURE: _____

TODAY'S DATE: _____

WHETHER YOU CHOSE TO CONSENT OR DECLINE PLEASE RETURN THIS FORM TO US FOR PROCESSING. THANK YOU

Online Services - Patient registration form

If you would like to register for this online service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.**

Once you are registered the practice will give you the information that will enable you to create a username and password.

Patient details	Please complete in BLOCK CAPITALS																			
Patient forename																				
Patient surname																				
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y										
Email address This email address will be used by your practice to send you notifications and reminders.																				
Mobile number																				
Signature																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										
Completing the form on behalf of the patient?																				
Print forename																				
Print surname																				
Relationship to patient																				
Signature																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										

Staff use only																			
Patient ID seen																			
Type of ID																			
Staff name																			
Date	D	D	/	M	M	/	Y	Y	Y	Y									

About Vision online services

We offer an online service for our patients so you can book your appointments and order your repeat prescriptions online at your convenience.

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.