|  |  |
| --- | --- |
| *Emergency Contact* | |
| *Full name:* | |
| *Relationship:* | ***Mobile:*** |

|  |  |  |
| --- | --- | --- |
| *Smoking Status* | | |
| * *Never Smoked* | * ***Current Smoker (Please specify)*** | * ***Ex-Smoker*** |



|  |  |
| --- | --- |
| *Alcohol Status* | |
| * *No – I don’t drink alcohol* | * ***Yes – I drink alcohol (units per week?)*** |

|  |  |
| --- | --- |
| *Allergies* | |
| * *No – I have no known allergies* | * ***Yes – I have allergies (please specify)*** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Family History* | | | |
| * *Cardiovascular* | * ***Hypertension*** | * ***Asthma*** | * ***Cancer*** |
| * *Diabetes Type 1* | * ***Diabetes Type 2*** | * ***Lung Disease*** | * ***Sickle Cell*** |
| * *Anaemia* | * ***Mental Health*** | * ***Other*** | * ***No Family History*** |
| *Please provide us with any significant health conditions you may have:* | | | |
| *Please provide us with any mediation you are currently being prescribed:* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Ethnicity* | | | |
| * *White – British* | * ***Mixed – White and Black African*** | * ***Black – British*** | * ***Asian – Indian*** |
| * *White – Irish* | * ***Mixed – White and Asian*** | * ***Black – African*** | * ***Asian – Pakistani*** |
| * *White – Scottish* | * ***Mixed – Any other Mixed background*** | * ***Black – Caribbean*** | * ***Asian – British*** |
| * *Other (Specify):* | | | |

|  |  |
| --- | --- |
| *Language* | |
| *Main spoken language:* | ***Will you require an interpreter?*** |

|  |  |
| --- | --- |
| *Summary Care Record Sharing* | |
| *Summary Care Records (SCR) – information for patients*   1. *Summary* 2. *Ask the doctor to include additional information on your SCR* 3. *Protecting your SCR information* 4. *Opting out* 5. *More information on your health records*   *The information in your records can include your:*   * *Name, age and address* * *Health conditions* * *Treatments and medicines* * *Allergies and past reactions to medications* * *Test, scans and x-ray results* * *Lifestyle information, such as whether you smoke or drink* * *Hospital admission and discharge information*   *Find out about the types of records and how to access them*  *Please ask reception for a copy of the information regarding SCR and Opting out* | |
| * *Express consent for medication, allergies, and adverse reactions only* | |
| * *Express consent for medication, allergies, and adverse reactions, AND additional information* | |
| *Signature:* | ***Date:*** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Carers* | | | |
| *Are you cared for by a friend or relative?* | * ***Yes*** | | * ***No*** |
| *What is the relationship to the person who cares for you?* | | | |
| *Are you a carer for a friend or relative?* | * ***Yes*** | | * ***No*** |
| *What is the relationship to the person who you care for?* | | | |
| *Signature:* | | ***Date:*** | |