



# Queen Square Medical Practice

2 Queen Square | Lancaster | Lancashire | LA1 1RP  
 ☎ 01524 843333 | ✉ [lscicb-mb.queensquare@nhs.net](mailto:lscicb-mb.queensquare@nhs.net)

Welcome to Queen Square Medical Practice

Personal Details			
Title		Forename(s)	
Surname		Address (including postcode)	
Date of Birth			
NHS Number			
Home Tel. No.			
Mobile Tel. No.		Gender pronouns	
We use SMS messages for appointment reminders and other health related messages		Would like us to contact you via SMS messages?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Email			
<b>Providing your email address indicates you are happy for the Practice to contact you via this method</b>			

Next of Kin	
Name	
Address	
Contact Telephone No	
Relationship	

Main Spoken Language	English <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Do you require communication assistance?		
Large Print <input type="checkbox"/>	British Sign Language <input type="checkbox"/>	Interpreter <input type="checkbox"/>
<b>If an interpreter is necessary, please inform us each time you book an appointment</b>		
Are you EX military?	YES <input type="checkbox"/>	Please provide your Service Number

Health details			
Blood pressure	/	mmHg	Pulse
If you are unable to provide your blood pressure now, there is equipment in Waiting Room D at Queen Square or the waiting area at Caton health Centre to record your blood pressure. Please write the results below or attach the slip to this form.			
Height		Weight	Waist circumference

Repeat Medication		
Are you on any repeat medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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If you answered yes to the above question, you would need to make an appointment to see either an Advanced Pharmacist Practitioner or a GP to obtain your next prescription.

## COVID-19 Vaccination history

	Date	Vaccination given (eg Pfizer, AstraZeneca, etc)	Location	Injection site
1 <sup>st</sup> dose				
2 <sup>nd</sup> dose				
Booster/3 <sup>rd</sup> dose				

## Allergies













Do you have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergic to:	Details of the reaction	

**Family History** – Have any of your immediate relatives (brothers/sisters/parent) had any of the following? Please tick boxes and give details if possible

		Details	Relationship
Heart attack or angina before aged 60	<input type="checkbox"/>		
Heart attack or angina over aged 60	<input type="checkbox"/>		
High Blood Pressure	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
Stroke	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>		
Any inherited disease	<input type="checkbox"/>		

Ethnicity – How would you describe your ethnicity?						
<b>White</b>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>	Other White <input type="checkbox"/>		
<b>Asian</b>	Asian British <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Black</b>	Black British <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>		
<b>Mixed</b>	Asian & White <input type="checkbox"/>	Asian & Black <input type="checkbox"/>	Asian & Caribbean <input type="checkbox"/>	White African <input type="checkbox"/>	White Caribbean <input type="checkbox"/>	
<b>Other</b>	Chinese <input type="checkbox"/>	Japanese <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Turkish <input type="checkbox"/>		
	Other <input type="checkbox"/> please give details _____			Prefer not to say <input type="checkbox"/>		

Smoking History			
Are you a smoker?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many a day?
If you would you like support and/or information on giving up, please ask reception for an advice leaflet.			
Have you ever smoked?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If you previously smoked, when did you give up?			

Alcohol Consumption						
Do you drink alcohol?		YES <input type="checkbox"/>			NO <input type="checkbox"/>	
Please answer the Questions below:	Scoring system					Your score
	0	1	2	3	4	
How c	<b>This is one unit of alcohol...</b>					
How m ty	 Half pint of regular beer, lager or cider	 1 small glass of wine	 1 single measure of spirits	 1 small glass of sherry	 1 single measure of aperitifs	
How fem	<b>...and each of these is more than one unit</b>					
	 2	 3	 1.5	 2 440ml	 4 440ml	 2
	Pint of Regular Beer/Lager/Cider	Pint of Premium Beer/Lager/Cider	Alcopop or can/bottle of Regular Lager	Can of Premium Lager or Strong Beer	Can of Super Strength Lager	Glass of Wine (175ml)
						 9
						Bottle of Wine
						/12



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Carers					
<p>If you care for or look after:</p> <p>Your husband or wife, child, parent, another member of the family or neighbour, because that person is unable because of illness, disability or old age to perform daily tasks themselves; and if the caring role occupies many hours a week or makes a significant change to your lifestyle, then you are a carer and we would like to support you.</p>					
Are you a carer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is someone a carer for you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name			Name		
Address			Address		
Telephone Number			Telephone Number		
Care you provide?			Care you provide?		
GP (if different to your own)			GP (if different to your own)		

Summary Care Records – OPT-OUT ( Please tick the box & sign <b>ONLY</b> if you want to opt out )			
<p>The NHS in England has introduced the Summary Care Record, which will be used in emergency care. The record will only contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.</p> <p>Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.</p> <p>Queen Square Medical Practice is supporting Summary Care Records, but as a patient you have a choice. If you would like a Summary Care Record, then you do not need to do anything and a Summary Care Record will be created for you. <b>If you do not want a Summary Care Record</b>, then sign the opt out below.</p> <p>For more information, please visit: <a href="http://www.nhscarerecords.nhs.uk">www.nhscarerecords.nhs.uk</a>, or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020</p>			
<p><b>I do not want a Summary Care Record <input type="checkbox"/></b></p>			
Signature (Patient/Parent/Guardian)		Date	



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## Sharing your Data for anything other than our Personal Care & The National Data Opt-out

Patients' personal confidential data is extracted and shared with NHS Digital in order to support vital health and care planning and research. Further information can be found by visiting the NHS Digital website: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research>

Patients may opt out of having their information shared for Planning or Research by applying a National Data Opt Out and/or a Type 1 Opt Out. For more information, please see our website or go to <https://www.nhs.uk/your-nhs-data-matters/>

### Type 1 Opt-out (Opting out of NHS Digital collecting your data)

Complete the type 1 opt-out form on our website: <https://www.queensquare.org/website/P81013/files/Type%201%20Opt%20Out.pdf> and post to the surgery or email to us at [mbccg.queensquare@nhs.net](mailto:mbccg.queensquare@nhs.net)

You can:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to Opt-out)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (Opt-in)

### National Data Opt-out (opting out of NHS Digital sharing your data with other organisations)

You will need to either:

1. **Go to the website:** <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>. It will be useful to have your NHS no and an up to date email address or mobile phone number in your GP record which will be used to identify you.
2. **By Phone:** Call the NHS Digital Contact Centre on 0300 303 5678, Available Monday to Friday between 9am and 5pm (excl Bank Holidays)
3. **By Post:** A form is available to download from [https://assets.nhs.uk/prod/documents/Manage\\_your\\_choice\\_1.1.pdf](https://assets.nhs.uk/prod/documents/Manage_your_choice_1.1.pdf) which you can complete & return to them by Post.

You can also make or change a choice for your children under the age of 13 or for someone you can legally make decisions for (You must have legal authority to make a choice for someone else, eg by Power of Attorney).

These are both done by post, you can download the forms at <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/other-ways-to-manage-your-choice/>, but you will need to arrange to do this.

The practice is not able to process your National data opt-out for you.

Please ask the Receptionist for the "Your Data Matters to the NHS" leaflet for further information or go online.

## Is there anything else you feel we should know about your health? (e.g. currently pregnant)

Thank you for completing this questionnaire, please hand in to reception.

For Office Use Only					
<b>Reception Staff to Complete</b>					
Date Received		Staff Initials		New Patient Appt needed	YES/NO
<b>Admin Staff to Complete</b>					
Date Added		EMIS No:		Registered GP:	
Template Updated	YES/NO	SMS: YES/NO	E-Mail: YES/NO	SCR	YES/NO
Audit Score		Letter sent	YES/NO	Staff initials	



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