



Moorcroft Medical Centre  
Botteslow Street  
Hanley  
Stoke on Trent  
ST1 3NJ

Moss Green Surgery  
Bentilee Neighbourhood Centre  
Dawlish Drive  
Bentilee  
Stoke on Trent ST2 0EU

Tel 01782 281806

[www.moorcroftmedical.com](http://www.moorcroftmedical.com)

## Patient Profile Questionnaire

We would be grateful if you would take the time to complete our questionnaire in order that we may enter the information onto your medical records.

Title and name .....

Full Address .....

Tel No ..... Mobile No.....

E-mail .....

**\*Do you consent to us contacting you on your mobile phone eg. Appointment reminders, general reminders and information.**

Yes/No

**Please note that in the future we may use e-mails. Do you also consent to this?**

Yes/No

Date of birth ..... If under 5 please tick here: also .....

If a child, name of person/s with Parental responsibility .....

Do you/child have support from a social worker or social support worker? ..... **Yes/No**

Marital status .....

Occupation ..... Full-time or Part-time (please circle)

Next of kin .....

Nominated Pharmacy for Electronic Prescription Service (EPS) .....

**Carers:** The role of a carer can be perceived in various ways. As a guide a typical an example of a carer is:  
Parents of a child with special needs or learning difficulties; someone caring for a partner with mental health problems;  
someone helping a housebound neighbour; a child looking after a disabled parent.

**Therefore:**

Do you care for someone who cannot care for themselves through illness/disability

Yes/No

Does someone care for you because you need help due to illness/disability

Yes/No

If yes, please may we have the name and contact number of your carer?

.....

**WOULD YOU LIKE TO ATTEND THE SURGERY FOR A NEW PATIENT HEALTH CHECK?**

**YES/NO**

**Smoking Status**

Please tick which statement is correct for you:

I am a cigarette smoker. I smoke ..... Cigarettes per DAY

I am a pipe smoker. I use ..... Ounces per WEEK

I am a cigar smoker. I smoke ..... cigars per DAY

I am an EX-CIGARETTE smoker. Date stopped ..... Previous daily amount smoked .....

I am an EX-CIGAR smoker. Date stopped ..... Previous daily amount smoked .....

I am an EX-PIPE smoker. Date stopped ..... Previous daily ounces smoked .....

Do you smoke E-cigarettes? YES/NO I HAVE NEVER SMOKED .....

**If you do smoke and are thinking about stopping, we do offer a full smoking cessation support service at the practice. Please let our receptionist know if you would like to join.**

**WOULD YOU LIKE TO BE REFERRED TO THIS SERVICE YES/NO**

**Ethnic classification England & Wales Ethnic Category 2011 Census**

Please tick which ethnic group you belong to. If you feel you are descended from more than one group, please tick the one you feel you would most belong to or choose the "any other ethnic group" option. Please note that we are not asking about citizenship or nationality.

- Asian or Asian British: any other Asian background .....
- Asian or Asian British: Bangladeshi .....
- Asian or Asian British: Chinese .....
- Asian or Asian British: Indian .....
- Asian or Asian British: Pakistani .....
- Black or African or Caribbean or Black British: African .....
- Black or African or Caribbean or Black British: Caribbean .....
- Black or African or Caribbean or Black British: Other Black or African or Caribbean or Black British .....
- Mixed Multiple Ethnic Groups: any other mixed or multiple ethnic background .....
- Mixed Multiple Ethnic Groups: White and Asian .....
- Mixed Multiple Ethnic Groups: White and Black African .....
- Other Ethnic Group: any other Ethnic Group .....
- Other Ethnic Group: Arab .....
- White: any other white background .....
- White: English or Welsh or Scottish or Northern Irish or British .....
- White: Gypsy or Irish Traveller .....
- White: Irish .....

Main language spoken ..... Do you require an interpreter? Yes/No

**Immunisations**

Have you had any immunisations in a different Country? YES/NO

If yes, which Country? .....

If you have answered YES, please let the practice have a copy of this evidence so that it can be added to your medical records.

**FEMALE PATIENTS ONLY**

Date of last smear .....  
 Do you have an IUCD (coil) fitted at the moment Yes/No  
 Date fitted & where (if known) ..... Type of coil e.g. Mirena (if known) .....  
 Do you have a contraceptive implant fitted at the moment Yes/No  
 Date fitted & where (if known) ..... Type (if known) .....

PLEASE STATE RELEVANT MEDICAL HISTORY FOR FAMILY MEMBERS eg DIABETES, ASTHMA, CANCER, STROKE, MI (HEART ATTACK), GENETIC DISORDERS OR ANY OTHER SERIOUS ILLNESSES

	Age	Any known illnesses	Alive and well	Deceased
Mother				
Father				
Sister				
Brother				
Aunt				
Uncle				
Grandmother				
Grandfather				

Do you take regular exercise Yes/No

Do you have any allergies Yes/No

If YES, please list allergies .....

If you are receiving regular medication please list.....

Are you an **Armed Forces veteran?**

Yes/No

If so, would you like to be considered for fast track access to our services?

Yes/No

NHS England has introduced the **SUMMARY CARE RECORD**, an electronic record that can be accessed when you need urgent treatment from somebody other than your GP. If you **do not** wish to have a **SUMMARY CARE RECORD** please speak to the Receptionist about an **OPT OUT FORM**

Have you been diagnosed with **COVID-19** by a positive lab test (please circle) **Yes/No** Date of test .....

**SAFEGUARDING**

Do you have a Social Worker, Early Help, CHIN, CPP or other please state .....  
 Do you have any safeguarding concerns?

**PLEASE REMEMBER TO INFORM THE SURGERY IF YOU CHANGE YOUR ADDRESS OR TELEPHONE NUMBER AS THERE MAY BE OCCASIONS WHEN WE NEED TO CONTACT YOU.**

Thank you for completing the questionnaire.

For office use only:

Identification seen: Yes/No

Proof of address seen: Yes/No

Signature:

Date:

Do you have Severe Combined Immunodeficiency Disorder (SCID) and have not had or declined the BCG vaccine?  
**Medical Questionnaire** **YES/NO**

Do you currently suffer from any of the following illnesses/diseases?

- Diabetes Yes/No Approximate date of onset .....
- Asthma Yes/No Approximate date of onset .....
- Chest disease (e.g. COPD) Yes/No Approximate date of onset .....
- Hypertension (high blood pressure) Yes/No Approximate date of onset .....
- Epilepsy Yes/No Approximate date of onset .....
- Cancer Yes/No Approximate date of onset .....
- Heart disease (including atrial fibrillation) Yes/No Approximate date of onset .....
- Do you take warfarin? Yes/No Where do you have monitoring? .....
- Kidney disease Yes/No Approximate date of onset .....
- Stroke Yes/No Approximate date of onset .....
- Depression Yes/No Approximate date of onset .....
- Rheumatoid Arthritis Yes/No Approximate date of onset .....
- Illness causing you to be immunosuppressed Yes/No Approximate date of onset .....
- Hypothyroidism Yes/No Approximate date of onset .....
- Dementia Yes/No Approximate date of onset .....
- Do you take medication or receive additional support to help your mental health wellbeing Yes/No Approximate date of onset .....

Do you have a disability impairment or sensory loss which requires communication in a different format e.g. large print? **Yes/No**

**Do you drink alcohol?**

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Please state number of units consumed on a weekly basis .....

## How we keep your records confidential

Everyone working for the NHS has a legal duty to keep information about you confidential.

### We have a duty to

- Maintain full and accurate records of the care we provide to you
- Keep records about you confidential, secure and accurate
- Provide information in a format that is accessible to you (i.e., in large type if you are partially sighted).

We will not share information that identifies you for any reason, unless:

- you ask us to do so;
- we ask, and you give us specific permission;
- we must do this by law;
- we have special permission for health or research purposes or
- we have special permission because the interests of the public are thought to be of greater importance than your confidentiality

For more information visit:

[nhs.uk/your-nhs-data-matters](https://www.nhs.uk/your-nhs-data-matters)

[General Practice Data for Planning and Research \(GPDR\) - NHS Digital](#) (Currently not activated)

Patient Privacy Notice on the practice website:

[www.moorcroftmedical.com](http://www.moorcroftmedical.com)

Our guiding principle is that we are holding your records in

**STRICT CONFIDENCE**

## Who are our partner organisations?

We may share information with the following main partner organisations:

- NHS England
- Our Commissioners
- NHS Trusts / Organisation (Hospitals, CCG's)
- Ambulance Service
- Social Services
- Education Services
- Private & Voluntary Sector providers

### Integrated Care Record- One Health and Care

Information regarding your health and care is

recorded across NHS organisations and local authorities. One Health and Care pulls the key information from these health and social care systems and displays in it one combined record

For more information visit:

<https://www.twbstaffsandstoke.org.uk/about-us/our-work/one-health-and-care/one-health-and-care-is-live>

### If you believe the Trust has breached any of your Data Protection Rights.

You have a right to complain to the UK supervisory Authority as below.

Information Commissioner:

Wycliffe house

Water Lane

Wilmslow

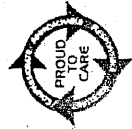
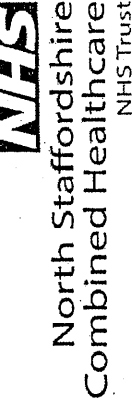
Cheshire SK9 5AF

Tel: 01625 545745

[www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk)

ICO Registration Number: Z8606519

## How we use your Information



Moorcroft Medical Centre  
(integrated with North  
Staffordshire Combined  
Healthcare NHS Trust)

Updated for the GDPR 2016  
(UK GDPR) and Data Protection  
Act 2018

# Better information, better health

This leaflet explains:

- Why the Practice collects information about you and how it is used
- Who we may share information with
- Your right to see your health records and how we keep your records confidential

## Why we collect information about you

In the Practice we aim to provide you with the highest quality of health care. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.

These records may include:

- Basic details about you, such as address, date of birth, next of kin
- Contact we have had with you such as clinical visits
- Details and records about your treatment and care
- Results of x-rays, laboratory test etc,
- Relevant information from people who care for you and know you well, such as health professionals and relatives

It is good practice for people in the NHS who provide care to:

- discuss and agree with you what they are going to record about you
- give you a copy of letters they are writing about you, and
- show you what they have recorded about you, if you ask.

We will only store your information in identifiable form for as long as is necessary according to the NHS Retention Schedule.

## How your records are used

The people who care for you use your records to:

- Provide a good basis for all health decisions made by you and care professionals
- Allow you to work with those providing care
- Make sure your care is safe and effective, and
- Work effectively with others providing you with care

Others may also need to use records about you to:

- check the quality of care (such as clinical audit)
- protect the health of the public
- keep track of NHS spending
- manage the health service
- help investigate any concerns or complaints you or your family have about your health care
- teach health workers and
- help with research

Some information will be held centrally to be used for statistical purposes. In these instances, we take strict measures to ensure that individual patients cannot be identified

We use anonymous information, wherever possible, but on occasions we may use personally confidential information for essential NHS purposes such as research and auditing. However, this information will only be used with your consent, unless the law requires us to pass on the information.

## The legal Part

You have a right to privacy under the General Data Protection Regulation 2016 (GDPR), now referred to as UK GDPR and the Data Protection Act 2018. The Practice needs your personal, sensitive and confidential data in order to perform our statutory health duties, in the public interest or in the exercise of official authority vested in the controller in compliance with Article 6 (e) of the UK GDPR and for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the in compliance with Article 9, (h) of the UK GDPR.

You have the right to ask for a copy of all records about you.

- Your request should be made in writing to the practice holding your information
- We are required to respond to you within one Month
- You will need to give adequate information (for example full name, address, date of birth NHS number etc.)

To Access your record contact: Duty Manager

The Practice Data Protection Officer:

Information Governance Team or the Data Protection Officer  
Health Records Department

Lawton House  
Bellingher Road  
Trentnham  
Stoke-On-Trent ST4 8HH  
Tel: 0300 123 1535

E-mail: [nschl.information@governance@combined.nhs.uk](mailto:nschl.information@governance@combined.nhs.uk)

The Data Protection Officer for the GMS Contract Holders, Dr Stephen Fawcett and Dr Mark Williams is commissioned through Stoke on Trent CCG by Midlands and Lancashire Commissioning Support Unit.