

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

Riverside Medical Centre, The Quays and East Park Practice

Dear Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. You will also be invited to attend a new patient assessment as part of your registration

Date of completion of this form: ___ / ___ / ___

Surname:

Forename(s):

Date of Birth: ___ / ___ / ___ Marital status:

Address:

Postcode:

Home tel: _____ Mobile: _____ - _____

Work tel: _____ - _____ Occupation:

Email:

Next of Kin name: **Relation:**

Contact number: _____ - _____ **Mobile:** _____

Weight (approx): Height:

SMOKING

Do you smoke? **YES / EX-SMOKER / NEVER SMOKED**

If Yes, how many:

Cigarettes per day Cigars per day Ounces of tobacco per day

How old were you when you started smoking?

EX-SMOKERS

How old were you when you stopped smoking? How much did you smoke per day?

PASSIVE SMOKING

Are you exposed to smoke at work? **YES / NO** At home? **YES / NO**

We offer an in-house Stop Smoking Clinic. Would you like to attend? **YES / NO**

If yes please contact the reception team for more information. Alternatively, you may wish to contact the NHS Free Smoking Helpline: **0800 022 4 332**

ALCOHOL

How many units of alcohol do you drink per week?

(1 unit = half pint of beer, 1 glass of wine, or a pub measure of spirits)

MEDICATION

Please give details of any medication which you take (prescribed or otherwise):

Name of drug:

Dosage:

Name of drug:

Dosage:

***** If you are on regular medication, please provide the counter foil of your previous repeat prescription. We cannot accept a hand-written note. You will also need to ensure you have one month's supply of your current medication prior to registering as you will need a medication review with our pharmacist once registered*****

ALLERGIES

Are you allergic to any substances or foods? **YES / N** If yes, please give details:

.....

CARERS

Do you need / have anyone who looks after you or your daily needs as Carer? **YES / NO**

If "Yes", would you like them to deal with your health affairs here? **YES / NO**

(the receptionist can help with these arrangements)

Do you care for anyone else? **YES / NO**

If "Yes", ask the receptionist about Carers support

DISABILITY STATUS

Are you registered Disabled? **YES / NO / DECLINED**

If Registered or have been Registered within Military Services please can you supply with dates:

Date Joined Military Service

Date Left Military Service

Patient Ethnicity, Language & Literacy

Ethnicity (tick one) White British
 White Irish
 Other white ethnic group
 Pakistani
 Indian
 Bangladeshi
 Chinese
 Other Asian ethnic group
 Black African
 Black Caribbean/West Indian/Guyana
 Other black ethnic group
 Black African and white
 Other ethnic, Asian/white origin
 Black Caribbean and white
 Other ethnic group

Country of birth

Religion

Language (tick one) Speaks English well
 Speaks English poorly

Main spoken language

Interpreter needed Using British sign language

Reads English Ability to write

Thank you for completing this questionnaire. Please arrange a 20 minute appointment for a new patient health check with our Healthcare Assistant. It is important that you attend in order to fully complete your registration.

You will be asked to provide a urine sample during your appointment to check for Diabetes, please collect a specimen bottle from reception.

All appointments are very valuable to us. If you are unable to attend please contact the surgery as soon as possible to rebook so that we can offer your appointment to someone else. Missed appointments could lead to removal from Practice list.

We look forward to seeing you at your appointment.

Enclosure: Summary Care Records Leaflet (please ask at Reception if not included)

Patient Online registration form

Access to GP online services

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	
Registered Practice			

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick)

1. I have read and understood the information on the reverse of this form	<input type="checkbox"/>		
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>		
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>		
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>		
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>		
Signature		Date	

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date

Important Information – Please read before returning this form

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Riverside Medical Centre, The Quays & East Park Practice

We have a text message service, where we can text you reminders about appointments, reviews, screening and education.

If you are happy for us to do this please sign below and pass back to the receptionist. We are also intending in the future to use email to pass on relevant health information, if you have no objections to us contacting you by email please insert your email address below.

Thank you

**PATIENT CARE TEXT MESSAGING / EMAIL
CONSENT FORM**

Declaration

I consent to the practice contacting me by text message and email (delete if not applicable) for the purposes of health promotion and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility and ask for my email address to be removed at any time.

Text messages and emails are generated using a secure facility however, I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure. The practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if it is no longer in my possession

(PLEASE PRINT ALL INFORMATION BELOW)

FULL Name:

Date of Birth: ___ / ___ / ___

Mobile Number: _ _ _ _ _

Email Address:

Signature: **Today's Date:** ___ / ___ / ___

PROOF OF IDENTITY AND ADDRESS

Please bring into the practice **two separate pieces** of evidence, one for **both** identity and address with your patient registration form

IDENTITY

- NHS Medical Card Driving Licence Birth Certificate Passport
- Proof of your immigration status from the Home Office

ADDRESS

- Utility Bill Allowance Book Solicitors Letter
- Offer of Tenancy Driving Licence

Please note registration cannot be processed without proof of identity and address



Information for new patients: about your Summary Care Record

Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

Express consent for medication, allergies and adverse reactions only. You wish to share information about medication, allergies for adverse reactions only.

Express consent for medication, allergies, adverse reactions and additional information. You wish to share information about medication, allergies for adverse reactions and further medical information that includes: Your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

Express dissent for Summary Care Record (opt out). Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.



Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of Patient:

Date of Birth: Patient's Postcode:

Surgery Name: Surgery Location (Town):

NHS Number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one: Parent Legal Guardian Lasting power of attorney for health and welfare

If you require any more information, please visit <http://systems.digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below;

Summary Care Record Consent Preference	Read 2	CTV3
The patient wants a core Summary Care Record (Express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (Express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (Express dissent for Summary Care Record (opt out)	9Ndo.	XaXj6