**NORTH HOUSE SURGERY**

**New patient information questionnaire. Keep this attached to the NHS Registration form.**

**Your details:**

Title: Mr / Mrs / Miss / Dr / Other …….……………

Full Name: ………………….…………………………………………………………………………………

Mobile phone number : ………………………………. Email address: ……………………………….

Details of Next of Kin :

Title: Mr / Mrs / Miss / Dr / Other …….………..……………

Full Name & Address: ………………………………………………………………………………………..

Contact Numbers: Home:……………………………… Mobile:………………….…….………...

Relationship to you: ……………………………………………………

Title: Mr / Mrs / Miss / Dr / Other …….………..……………

Full Name & Address: …………………………………………………………………………………………

Contact Numbers: Home:……………………………… Mobile:………………….…….………….

Relationship to you: ……………………………………………………

**It is YOUR responsibility to ensure that the contact information we hold for you for is kept up to date. The practice cannot take responsibility for information sent to an incorrect address or number where you have not notified us of a change.**

We offer a service of text reminders for appointments and other general information.

If you **DO NOT** wish your mobile number to be used for this purpose please tick here:

**Ethnic status**. Please tick the relevant category

White British

Irish

Other white

White & black Caribbean

White & black African

White & Asian

Other mixed

Indian/British Indian

Pakistani/British Pakistani

Bangladeshi/British
Bangladesh

Other Asian

Caribbean

African

Other black

Chinese

Other

Prefer not to say

**If English is not your main spoken language what is your first spoken language**?

(*for a child or a baby not yet talking the language is normally the same as the parent or guardian).*

……………………………………………

**Do you wish to bring a language interpreter to your appointments? YES / NO**

***PLEASE TURN OVER AND COMPLETE THE REVERSE OF THE FORM***

**Are you a carer for an elderly, infirm or disabled person? YES / NO**

(A carer is any person who provides unpaid support to a partner, child, relative or friend who couldn’t manage without this help. This could be due to frailty, disability or a health condition)

If YES, please give some details who you care for (you do not need to give the person’s name)

………………………………………………………………………………………………

**Do you have a carer ?** **YES / NO**

If yes, please provide their name and contact details

………………………………………………………………………………………………

**Do you have any specific needs that affect your ability to communicate ? YES / NO**

such as hearing or sight issues that affect your communication, difficulty understandingor concentrating with verbal or written information, or difficulty remembering information

If Yes, please provide us with some details:

………………………………………………………………………………………………..

If you have specific communication needs is there is any way we can help you with them? Please provide us with some details (do you need letters in large print, or do you need to bring someone to your appointments to assist with your communication?)

…………………………………………………………………………………………………

**We will carry out an identity check as part of the registration process. You will be asked to provide photo ID such as a passport or photo driving licence, and documentation that provides your current address. For children, a birth certificate is appropriate.**

**If you do not have any of these items, you may be asked to confirm your identify by answering questions about personal information from your GP record.**

……………………………………………………………………………………………………………………..

*For office use only*

|  |  |  |
| --- | --- | --- |
| Identity verified by :(tick all that apply) |  |  |
| Photo ID 🞏\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proof of residence 🞏\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vouching 🞏 Vouching with information in record 🞏 | Name & signature of verifier: | Date Verified: |
| PFS Access completed | Name & signature of person completing access: | Date access completed: |

**Full Name: D.O.B:**

 *Please answer as accurately and honestly as possible. All information will be treated in strict confidence.*

|  |  |  |
| --- | --- | --- |
| **Questions**  | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| ***If you have answered ‘never’ to this first question there is no need to continue further.*** |
| How many units of alcohol do you usually drink? (see below)  | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 9 | 10 + |  |
| How often have you had 6 or more units on a single occasion in the last year? | Never | Less than monthly | Around Monthly | Around Weekly | Daily or almost daily |  |
| How often during the last year were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected of you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you needed an alcoholic drink in the morning to get going after a drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, in the last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in the last year |  | Yes, in the last year |  |
| **Please add up** **your score** |  |
|  |

|  |  |
| --- | --- |
| **A score of 8 or more may indicate that your health could be affected by your alcohol drinking level.** **We may contact you to offer guidance on safe alcohol drinking. If you DO NOT want us to contact you please tick this box** |  |

**If you would like guidance or support regarding safe alcohol drinking please speak with a practice nurse or nurse practitioner**



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**Information for new patients about your Summary Care Record**

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 contains 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 who 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 choose who you permit to view the information. 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 on how much information is included in your SCR are outlined below; please indicate your choice:

**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.

y

**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 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.

Name of patient: ………………………………………………..….........................

Date of birth: …………………………… Patient’s postcode: …………………

NHS number (if known): …………………………..………………...................................

Signature: ……………………………. Date: ………………………………

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

Name: ………….........................................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| Please circle one: | Parent or legal guardian of child under 16 | Legal Guardian of a person without capacity to decide this themself | Lasting power of attorney for health and welfare |

For more information, please visit https://www.digital.nhs.uk/summary-carerecords/patients, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

**Your GP online record**

If you are 16 or over, you can book and cancel appointments and order repeat prescriptions online. In addition, once we have received your medical record from your previous doctor, and subject to approval from your GP, you will also be able to see some information in your GP record, including medications, allergies, test results, immunisations and illnesses.

If you provided us with identity documents with your registration request, we will automatically enable this service for you. You then choose which online service provider you wish to use and sign up with them. Depending on your chosen portal you may require specific log in details which we will provide on request. Please allow two weeks after you register as a patient before asking for these.

**What’s in it for you?**

* You can book appointments when the surgery is closed.
* You do not need to come into the surgery to order your repeat prescriptions.
* You can look at your record whenever you choose - before your appointment to see if there is anything you need to discuss, and after, to make sure you understood what was said.
* Before you go on holiday, you can check if your vaccinations are up to date

**Understanding your records**

Your records are written to help medical staff look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, you can use the information services available on your chosen access portal, or go to the NHS Choices website for more information, as well as talking to your doctor or nurse.

**A few things to think about**

* Your GP may not think it is in your best interests for you to see your GP records online. If this happens, your GP will discuss this with you. It is up to your GP to decide if you should be allowed access. Your GP can withdraw access for anyone that doesn’t use it responsibly.
* You may see your test results before your doctor has spoken to you about them.
* You may see information that you did not know was there or that you had forgotten about. If you see anything that worries you, or if you find something you think is not correct please speak to your doctor, who will be able to answer your questions and set things right if appropriate.
* If you see someone else’s information in your record, please log out immediately and let the surgery know as soon as possible.
* It is your responsibility to keep your login details and password safe and secure. If you know or suspect your record has been accessed by someone that you have not agreed should see it, you should change your password immediately. You can also contact the practice who can remove access until you ask us to enable it again.
* If you choose to download, print or share the information in your record, it is your responsibility to keep this secure.

For more information, fact sheets and support please visit nhs.uk/GPonlineservices

**Making sure everybody is included**

We recognise not everyone has access to computers or online services or is confident using them. To help address this, NHS England is delivering a national programme of training in digital skills and access to technology, aimed at people who might otherwise not be able to use services online. Visit **www.ukonlinecentres.com** or phone **0800 77 1234** to find out more.