

Appointment Date and Time .....
Clinician .....

**St Clements Surgery**  
**New Patient Questionnaire Adult**

Please return this Questionnaire with your Registration Forms and ID.

**We cannot process your application request if you do not provide your NHS number.**

It can take several weeks and sometimes months to obtain your original notes, therefore any information you can provide will assist the doctors and nurses to assess your needs and risks and offer you appropriate healthcare.

All of this information will remain completely confidential and will not be used for any other purpose.

You will need to make an appointment with our Health Care Assistant for a new patient screening. If you wish to discuss a medical problem or are on repeat medication you need to make a separate appointment with a GP or Nurse Practitioner.

- **Please supply a urine sample in a clean container at your New Patient Screening appointment. This is screened for infection and diabetes.**
- **Please provide ID at the point of registration. Acceptable ID includes Birth Certificate, Passport, Drivers Licence, Bank Statement, Current Utility Bill.**

**NAME** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_ Preferred Contact Yes/No

**Work Telephone Number** \_\_\_\_\_ Preferred Contact Yes/No

**Mobile Telephone Number** \_\_\_\_\_ Preferred Contact Yes/No

**Email** \_\_\_\_\_ @ \_\_\_\_\_

**CONSENT GIVEN FOR COMMUNICATION BY TEXT MESSAGE (please tick)**  
**CONSENT GIVEN FOR MESSAGES TO BE LEFT ON ANSWERPHONE OR FAMILY MEMBER (please tick)**

I understand and accept the risks of breach in confidentiality if my phone is lost, stolen or read by a third party.

I understand and accept the need to inform St Clements Surgery if my mobile phone number is changed.

Signed ..... Date .....

**Place of Birth** \_\_\_\_\_

**Martial Status** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Next of kin** \_\_\_\_\_

**Emergency contact Name** \_\_\_\_\_

**Relationship and contact number** \_\_\_\_\_

**ETHNIC GROUP**

(please tick the description which you feel is most appropriate)

If you do not wish to provide this, please tick the “Patient Declined” box at the end of this list.

<b>White British</b>		<b>White Irish</b>	
<b>Other White ethnic group</b>		<b>Pakistani</b>	
<b>Indian</b>		<b>Bangladeshi</b>	
<b>Chinese</b>		<b>Other Asian ethnic group</b>	
<b>Black African</b>		<b>Black Caribbean</b>	
<b>Other Black ethnic group</b>		<b>Black African &amp; White</b>	
<b>Other ethnic Asian/ White origin</b>		<b>Black Caribbean &amp; White</b>	
<b>Other ethnic group</b>		<b>Ethnic Group not given – patient declined</b>	

**Main language spoken:**

**Interpreter required Yes / No**

(Please advise at time of booking appointment)

**Do you have any communication support needs relating to a disability, impairment or sensory loss**

**YES/NO (if yes please give details)**

\_\_\_\_\_

Are you a Carer? \_\_\_\_\_

If Yes who do you care for? \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Previous surgical procedure: \_\_\_\_\_

**Smoking Status**

**Smoker**

If Yes how many a day?

**Ex Smoker**

**Or never smoked**

**CURRENT REPEAT MEDICATION** Please provide a copy of your repeat prescription from your previous surgery. You will need to see the Doctor or the Nurse Practitioner to get your repeat medication. Please arrange an appointment with reception.

**ALCOHOL CONSUMPTION** (please complete below)

<b>Q1. How often did you have a drink containing alcohol in the past year? (please tick)</b>	<b>Q2. How many units of alcohol do you drink on a typical day when you are drinking? (please tick)</b>	<b>Q3. How often do you have six or more units (if female) or 8 or more (if male) on a single occasion in the past year? (please tick)</b>	
<b>Never</b>	<b>1 - 2</b>	<b>Never</b>	
<b>Monthly or less</b>	<b>3 - 4</b>	<b>Less than monthly</b>	
<b>2-4 times a month</b>	<b>5 - 6</b>	<b>Monthly</b>	
<b>2-3 times a week</b>	<b>7 - 8</b>	<b>Weekly</b>	
<b>4 or more times a week</b>	<b>10 or more</b>	<b>Daily or almost daily</b>	

**Please note you may be asked for further details regarding this part of the questionnaire**

## **ONLINE SERVICES**

The appropriate application form must be completed prior to any online access being enabled.

If you require this service please ask for the online application form.

Patient Online Access will allow you the ability to:

- Book/cancel appointments
- Order Repeat prescription
- View Summary Information (allergies, adverse reactions and medications)

This next service will be available from 31<sup>st</sup> March 2016:

- Detailed Coded Records Access (DCRA)

ID verification is required to ensure access is granted to patients/proxy users that have a legitimate reason to access a record. This will prevent access being granted to the wrong person and support the practice to adhere to information security guidelines. There are a number of options for identification verification including:

### **Documentation - ID**

It is current practice that should there be a request for Online Access, two forms of documentation must be provided as evidence of identity, one of which must contain a photograph. Acceptable documents include passports, photo driving licences and bank statements, current utility bill.

**We are unable to process a request for online access without two forms of ID.**

### **Timescales**

The Patient Services Team will be able to grant access to patients who present with the correct identification, for appointments and medication within 7 days.

If patients request access to their detailed coded information they will be notified that it may take the practice up to 14 days to review their application and grant access if appropriate. This is a guide only and in some circumstances may take longer.

### **Considerations/Approval of Access**

The practice will not approve on-line access to detailed coded information if it is deemed that it may cause physical and/or mental harm to the patient.

Patient records will be checked by trained members of staff within the practice.

Named staff will be responsible for checking if patients are on certain registers for example, learning difficulties register, child protection register, mental health or have been identified as a possible victim/perpetrator of domestic abuse. Named staff will consult with the patients usual GP if required before access is granted /denied.

## **Access for children, parents and guardians**

- Proxy access for children will automatically be disabled when a child reaches the age of 16
- A child deemed competent may have access to their online record or authorise a parent/carer to have Proxy Access. They may also decline access to their records for a proxy.
- Where a child is deemed not to be competent, a parent can apply for access but will be registered as a Proxy User. (This will be reviewed by the practice annually, or when the child attends a further appointment – whichever is the sooner)

## **Proxy Access**

A competent patient can choose and consent to allow access to relatives and/or carers. The consent to proxy access to GP online services must be completed.

This practice accepts applications from patients as well as their proxy. Proxy access refers to access to online services by somebody acting on behalf of the patient with the patient's consent.

The practice reserves the right to review and remove access at any point in the future if it is thought that it is in the best interests of the patient or if the services are being misused.

## **SHARING PATIENT INFORMATION**

**NHS England has various sharing modules. Please read the attached leaflets and advice the surgery of your sharing preferences.**

**SCR** – Emergency Care Summary contains information on your allergies and medication.  
**(Please return consent form)**

**Enhanced Data Sharing** - Share your medical records electronically with other NHS Service Providers that you may be referred to i.e Physiotherapy, District Nurses, Acute GP Centre. Your information will only be shared electronically if that Service Provider uses the same clinical system as us. **(Please return consent form)**

**HSCIC** – GP practices across England are required to supply patient medical information on a regular basis to Health and Social Care Information Centre. This information may be used for research purposes and to see how well different services are performing and where improvements need to be made.

## our emergency care summary

### Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will 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. Also, if you specifically choose to do so, your Summary Care Record can hold other information you have agreed with your GP Practice to have included.

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, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had**
- **YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records**
- **NO I do not want a Summary Care Record**
- **I DON'T KNOW and need more time to decide - (If you do this we will record your preference as not wanting a Summary Care Record and contact you again at a later date to confirm your decision)**

**A form is provided overleaf for you to record your choice. Please complete this form and return it with your New Patient Registration form.** If you know that a Summary Care Record was created for you by your previous GP Practice, we would still be grateful if you could complete this form to confirm your current choice.

For more information talk to our Patient Advice and Liaison Service (PALS) **(0800 587 4132)**, GP practice staff, visit the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or telephone the dedicated NHS Summary Care Record Information Line on 0845 603 8510.

Additional copies of the opt out form can be collected from the GP practice, printed from the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or requested from the dedicated NHS Summary Care Record Information Line on 0845 603 8510.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

Children under 16 will automatically have a Summary Care Record containing details of medications, allergies and bad reactions created for them unless their parent or guardian chooses either to notify us that they would like their child to have an enriched Summary Care Record (with other information agreed with the GP Practice to be included) or to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely  
Practice Manager



**our emergency care summary**

**My Summary Care Record Choice**

A. Please complete in BLOCK CAPITALS

Title.....Surname / Family name.....

Forename(s).....

Address.....

Postcode ..... Phone No..... Date of birth.....

NHS Number (if known).....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name..... Your signature.....

Relationship to patient ..... Date .....

<b>Summary Care Record Options</b>	<b>Please Tick</b>
<b>YES</b> I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had	
<b>YES</b> I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had <b>AND</b> any other information that I have agreed with my GP Practice to have included in my Summary Care Records	
<b>NO</b> I do not want a Summary Care Record	
<b>I DON'T KNOW</b> if I would like a Summary Care Record and need more time to decide (If you do this we will record your preference as not wanting a Summary Care Record and contact you again at a later date to confirm your decision)	

**What does it mean if I DO NOT have a Summary Care Record?**

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now, with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

## Sharing Preferences

**A. Please complete in BLOCK CAPITALS**

Title.....Surname / Family name.....

Forename(s).....

Address.....

Postcode ..... Phone No..... Date of birth.....

NHS Number (if known).....

**B. If you are filling out this form on behalf of another person or a child, please ensure you fill out their details in section A and your details in section B**

Your name..... Your signature.....

Relationship to patient ..... Date .....

<b>Sharing out from this service</b>	<b>Please tick</b>
<b>YES</b> I would like to make information recorded at this service sharable to other services caring for me	
<b>NO</b> I would not like to make information recorded at this service sharable to other services caring for me	
<b>Sharing in to this service</b>	<b>Please tick</b>
<b>YES</b> I would like this service to be able to view information recorded at other services caring for me that I have made sharable	
<b>NO</b> I would not like this service to be able to view information recorded at other services caring for me that I have made sharable	

I have read and understood the leaflet 'Your electronic patient record and the sharing of information'

**Please Note:**

- Information is recorded about you at each service where you receive care and treatment.
- All information recorded about you is done so with the strictest of confidence and that any access to your electronic records is fully auditable.
- NHS staff can only access shared information if you are receiving care from them.
- Staff access is controlled with a Smart Card using 'chip and pin' security.
- You can request certain items to be marked as 'private' and these items will not be shared
- Sharing in this way is only available where services use the same computer system
- There is a difference between a Summary Care Record, which only holds limited information about you but can be viewed by any Urgent/Emergency NHS service where you need to be seen anywhere in the country using any IT system, your Detailed Care Record, which holds all information recorded about you can only be viewed by services that use the same computer system where you are receiving care.