

HOWDEN MEDICAL CENTRE

NEW PATIENT QUESTIONNAIRE

Today's Date:

This questionnaire forms part of your registration process and must be completed before we can register you (one form per person). Please complete in BLOCK CAPITALS.

For further information about the surgery and to view our privacy policy visit our website <http://www.howdenmedicalcentre.nhs.uk/>

Personal details			
Full Name:		Date of Birth:	
Title: (Mr/Miss/Mrs,etc)		Marital Status:	
Telephone No. (home)		Telephone No. (work)	
Mobile No.		Preferred contact number: (please circle)	Home / Mobile / Work
Occupation:		Have you ever served in the Armed Forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you Consent to text message reminders?		Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please sign below)	
I consent to receiving appointment confirmations, reminders and other notices via text messages and will update the Surgery of any changes to your mobile number.			
Signature		Date	
Email Address			

Next of Kin Details			
Name		Relationship	
Address		Telephone	






Power of Attorney		
Does anyone have a 'Legal Power of Attorney for Health and Welfare' in place? to act on your behalf	Yes / No	<i>If YES – please provide us with a copy to enable us to discuss your care and treatment with the relevant individuals.</i>
Living Will & Do Not Attempt Resuscitation or RESPECT Form		
Do you have a 'Living Will' (a statement explaining what medical treatment you would not want in the future)?	Yes / No	<i>If YES – please provide us with a copy to ensure this is on your records</i>
Do you have a Do Not Attempt Resuscitation (DNACPR) or RESPECT form in place?	Yes / No	<i>If YES – please provide us with a copy to ensure this is on your records</i>

Names and ages of Children under 16 years of age for whom you have parental responsibility	Name(s) and Age(s):		
Are you a Carer of an elderly / disabled /medically disabled person?	Yes / No	If yes , please provide their name, address, phone number and relationship to you:	

Prescriptions: please tick your preferred option	<input type="checkbox"/> Collect from Surgery <input type="checkbox"/> Send to Pharmacy - paper prescription <input type="checkbox"/> Send to Pharmacy - electronically If to Pharmacy, which one? (name and address) _____
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Past medical history	
Please detail any significant past medical history that you feel we should be informed of:	
Family history (Please indicate relationship and age at onset)	
Please detail any significant family history that you feel we should be informed of (e.g. asthma, diabetes, epilepsy, stroke, heart attack, cancer):	
Medication – If you are on repeat medication, book a GP appointment before your next medication is due	
Please list any prescribed medication you are currently taking, including dose and frequency:	(Please attach a copy of your repeat prescription list if possible)
Current medical problems	
Do you have any medical problems at present (e.g. high blood pressure, diabetes, asthma, stroke, heart attack/angina, high cholesterol, epilepsy, cancer):	
Physical disabilities	
Please state any physical disabilities you have:	
Please state any requirements you have to be able to access the Practice premises:	
Are you housebound?	
Phobias	
Please state any phobias you have:	
Allergies (including drug allergies)	
Please list any allergies you have:	

Medical details			
Height:		Weight:	
Lifestyle questions			
Smoking status Please tick one of the following: <input type="checkbox"/> Current smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked tobacco			
If you are a current / ex-smoker, how many cigarettes/ ounces per day?			
If you are an ex-smoker, what year did you give up smoking?			
<i>If you are a smoker there are various free stop smoking services in the Hull and East Riding areas. For further information and help on quitting please call 0800 915 59 59 (freephone number).</i>			

How many units of alcohol do you drink per week?				
Number of Units examples				
 = 2 units	 = 1.5 units	 = 2 units	 = 1 unit	 = 9 units
Pint of beer, lager or cider	Alco pop or can of lager	Glass of wine 175ml	Single measure of spirit	Bottle of wine

Ethnic origin Please tick the box appropriate to you:				
WHITE		ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH
British		Indian		Caribbean
Irish		Pakistani		African
Any other white background		Bangladeshi		Any other black background
		Any other Asian background		
MIXED		OTHER ETHNIC GROUPS		DECLINE
White and Black Caribbean		Chinese		Decline to specify
White and Black African		Any other ethnic group		
White and Asian				
Any other mixed background				

First Language:		If English is not your first language, do you:	- Understand English? Yes / No - Speak English? Yes / No
Country of Origin:		What is your religion?	

DATA SHARING

Your data can be shared in the NHS in a number of different ways. You have the choice to opt in or out of sharing of data. Please complete all of the following sections, stating your sharing choice.

Please note: sharing preferences can be changed by completing a form from the practice

SUMMARY CARE RECORD (SCR)

The Summary Care Record (SCR) allows access to information in other settings such as Emergency Care (A&E), ensuring the treatment and care you receive is safer, reducing the risk of prescribing errors. It also helps avoid delays to Urgent Care. It will only 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. For more information visit:

<https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients>

At a minimum, the **BASIC** SCR holds important information about:

- current medication
- allergies and details of any previous bad reactions to medicines
- the name, address, date of birth and NHS number of the patient

The **ENRICHED** SCR provides more information about any conditions you may have allowing for even safer and more informed treatment and care in emergency/urgent care settings. It can include:

- significant medical history (past and present)
- immunisations
- reason for medication
- anticipatory care information (such as information about the management of long term conditions)
- end of life care information)

Please tick below to indicate which type of Summary Care Record you would like, or to opt out of having a summary care record. If you do not tick any of these boxes your Basic Summary Care Record will automatically be created for you.

I would like an ENRICHED Summary Care Record	<input type="checkbox"/>
I would like a BASIC Summary Care Record	<input type="checkbox"/>
I DO NOT want a Summary Care Record – Opt me out	<input type="checkbox"/>

ENHANCED DATA SHARING WITHIN SYSTMONE

This relates to sharing access to your clinical records between services whose care you are under who also use the systmone clinical system. This could be district nursing, health visiting, hospital consultants amongst others. You will be asked when you access any other service if you consent to them sharing data into their service from us and also sharing their data out to the surgery.

Consenting to the practice setting the system to share your data in and out of the surgery does not mean this happens automatically. This will only happen if at any service you access, you consent to them accessing your GP data.

If you opt-out of us setting our system to allow record sharing, this will mean that if you access a service and you say you do want them to be able to view your record or share information with us, they will not be able to do this until you have signed a consent form at the practice to change your sharing preferences at the surgery and we have processed this which could cause delays to care in and out of hours. If you would like more information please read the information leaflet '*Your electronic patient record & the sharing of information – a Patient's guide*' available from reception.

SHARE OUT – would you like us to set our system so that should you choose to when you access another service, they will be able to access your GP record

- Yes** I would like to share out
 No I do not want to share out

SHARE IN – would you like our system to be set so that should you choose to when you access another service, they will be able to share information which we can access via our GP clinical system

- Yes** I would like to share in
 No I do not want to share in

HEALTH AND SOCIAL CARE INFORMATION CENTRE (HSCIC)

The NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services.

Unless you have chosen to opt out, your confidential patient information can be used to:

- Plan and improve health and care services
- Research and develop cures for serious illnesses.

You can opt out of your confidential patient information being used in two different ways and can change your decision at any time.

1 – To Opt Out of your confidential data held by your GP surgery and other places your receive care such as Hospitals and Community services from being used for anything other than your personal care and treatment Visit <https://www.nhs.uk/your-nhs-data-matters/> and complete the national data opt out.

2 – If you do not want your personal confidential data from being shared out of the practice to the HSCIC please tick below. If you do not tick below your data will automatically be shared. Please visit the link above for more information

My personal confidential data can be shared out of my GP Practice with the HSCIC

- Yes**
 No

Patient Signature:		Signature on behalf of Patient:	
If signing on behalf of the patient please state your name in capitals and relationship to the patient:			

Your new patient consultation will include having your height, weight and blood pressure taken, and a specimen of urine for testing (please bring a specimen with you to this appointment).

The Consultation will also establish relevant past medical and family history, including:

- ***Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health***
- ***Social factors - employment, housing, family circumstances***
- ***Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.***

HOWDEN MEDICAL CENTRE

Patient Online registration form Access to GP online services

Patients Full name		Date of birth	
Address (including postcode)			
Home telephone number		Mobile number	
Please tick to Consent or Dissent to receiving information from us via SMS Text Messaging	CONSENT <input type="checkbox"/>	DISSENT <input type="checkbox"/>	
Email Address			

Services you will receive access to

You will get access to Book Appointments, Request Repeat Prescriptions, Summary Care Record and your Detailed Coded Record

Gaining access on behalf of your child

If you are a parent registering to gain access on behalf of your child please complete the details below: ***please note access will automatically be revoked when the child reaches 13***

Your name		Relationship to the patient above	
Your signature			

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"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Utility bill <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Birth certificate <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 coded 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

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.

LOCAL PHARMACY INFORMATION

<u>Local Pharmacies</u>	<u>Has a Shop</u>	<u>Home Delivery</u>	<u>Collection</u>
Boots (Howden)	Yes	Possible (check pharmacy criteria)	From pharmacy
Pinfold Pharmacy (Locally based online pharmacy)	No	Yes	From Howden Surgery
Tesco (Goole)	Yes	Possible (check pharmacy criteria)	From pharmacy
Coggraves (Goole)	Yes	Possible (check pharmacy criteria)	From pharmacy
Lloyds (Goole)	Yes	Possible (check pharmacy criteria)	From pharmacy
Boots (Goole)	Yes	Possible (check pharmacy criteria)	From pharmacy
Boots (Gilberdyke)	Yes	Possible (check pharmacy criteria)	From pharmacy