**NEW PATIENT QUESTIONNAIRE (AGE 16+)**

Please complete the questionnaire as fully as possible.

**Ethnicity: (Please tick)**

White British

White Irish

White Other

Black Caribbean

Black African

Black Other

Indian/British Indian

Pakistani/British Pakistani

Bangladeshi/British Bangladeshi

Chinese

Other (please specify)

I do not wish to state

**Personal Details**

PLEASE PRINT IN CAPITALS

Title\_\_\_\_\_\_\_\_\_\_\_\_\_First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married Single Widowed Other

**Primary** **mobile contact number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to be contacted/text on my mobile

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to be contacted by email on this email address

Language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require an interpreter? Yes No

|  |
| --- |
|  |
|  |  |

**Next of Kin Details**

Name of Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin mobile telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a Carer?**

Please tick if you are looking after someone who is ill, frail or had a long-term medical physical or learning disability.
If ticked, please ask for a Carer’s Registration Form.

**Do you have a Carer?**

Please tick if you have someone looking after you and your medical needs.

**Prescriptions**

You must nominate a pharmacy as scripts go electronically. Please state the name of your preferred pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Medical History**

**Do you have any of the following?** Please tick:

Asthma Cancer COPD Epilepsy

Hypertension Heart Disease (angina, previous heart attack/MI)

Kidney/renal Failure Learning Difficulties Mental Health Problems

Stroke (CVA) Type 1 Diabetes Type 2 Diabetes

Please list any serious illnesses/Operations/accidents (and for women any pregnancy related problems) and the year they took place.

**Drugs and Medicine**

Are you allergic to any drugs or medicines? **If yes please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you an **Asylum Seeker**? Yes No

Are you **Homeless**? Yes No

**Family Medical History (Please tick)**

Has anyone in your immediate family suffered from any of the following?

 Stroke (under the age of 60) Family member, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Heart Disease (Angina, Heart Attack) Family member, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 High Blood Pressure) Family member, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Diabetes Family member, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Family member, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a **Refugee**? Yes No

**Female Patients**

Date of last cervical smear:

Result:

Where was this done? GP Surgery Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a hysterectomy? When (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant? Estimated due date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Health**

**Please tick any of the following if you would like further advice. We will be in contact to book the appointment once you are registered.**

 **Contraception**

E.g. Condoms, Depos, Implants or Coils

 **Chlamydia Screening**

If you are between the ages of 15-24 and are sexually active, you are entitled to a free chlamydia screen. Please ask one of our receptionists for a kit. (If Chlamydia is left untreated in women, it can lead to infertility and for men; it can cause symptoms such as painful testicles).

 **HIV Testing**

Would you like to have an HIV blood test? (HIV is treatable and having this test does not affect any insurance premiums).

**Lifestyle Questions**

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Smoking Status:**

 Never smoked

 Cigarettes – How many do you smoke a day?

 Pipe Smoker – How much tobacco do you smoke a day?

 Cigar Smoker – How many do you smoke a day?

 Shisha Smoker- How much shisha do you smoke a day?

 Ex-Smoker – When did you give up?

**For local information on Stop Smoking, you can call 0800 085 2903 or visit** [**www.kick-it.org.uk**](http://www.kick-it.org.uk/)

**Alcohol Audit- C Screening Toolkit**

Do you drink alcohol? Yes No How many units per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 1 | 2 | 3 | 4 | Score |
| How often do you have a drink that contains Alcohol? | Never | Monthly or Less | 2 – 4 times a month | 2 – 3 times week | 4 + times a week |  |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | 1 – 2  | 3 – 4 | 5 - 6 | 7 - 8  | 10+ |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**New Patient Check -** If you are in the 40-74 age group you are entitled to have a health check if you have not had one in the last 5 years. This check is very important in detecting the early signs of some increasingly common diseases (e.g. diabetes and high blood pressure). This will require you to have a blood test. Would you like a check?  **Yes**  **No** (Practice staff Code 9mC)

 No

Are you serving or have you served as a member of the British Armed Services? Yes No

(Practice staff Code ‘Military Veteran’)

Do you need help with communication? Large Print Braille Induction Loop British Sign Language

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proof of ID provided: (For Practice use only)**

 Passport Driving Licence Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proof of Address provided:**

 Utility Bill Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# GP Surgery Southwest London CCG

**Application Form for Online Access**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address Postcode |
| Email address |
| Primary contact number: |  Secondary contact number: |

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

|  |  |
| --- | --- |
|  **Booking appointments** |  |
|  **Requesting repeat prescriptions** |  |
|  **Accessing my medical record including test results & immunisation history**  |  |
| 1. I have read and understood the information leaflet provided by the practice |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 6. I understand that my medical record is designed to be used by clinical professionals to ensure that I receive the best possible care. Some of the information within my medical record may be highly technical, written by specialists and not easily understood. It may be best not to access my notes for the first time in the evenings or at weekends, when the surgery may be closed. |  |

|  |  |
| --- | --- |
| **Signature** | **Date** |

**For Practice use only**

|  |  |  |
| --- | --- | --- |
| Identity verified and password created by  | Date | Photo ID and proof of residence Vouching  |

# Patient Online Access

**Repeat prescriptions online**

**GP appointments** **online**

**GP records**

# Patient information leaflet ‘It’s your choice’

|  |  |
| --- | --- |
| 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.Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer. | **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.** **The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.** |

|  |
| --- |
| **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. |

|  |
| --- |
| Things to consider |
| 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. |

**New Patient/Practice Contract**

|  |
| --- |
| Initial in the blank boxed to indicate your understanding and agreement.Below: I: the Patient We: the Practice |
| **Zero Tolerance** |  |
| I agree with the policy of **Zero Tolerance** of abuse towards all NHS Staff and I agree **not** to behave in an abusive, threatening or otherwise aggressive manner with any member of the Practice Staff or others at the health centre. I acknowledge the right of the Practice to remove me from their register without appeal should I behave in a manner prohibited.I can expect to receive equal respect and courtesy from Practice Staff. |
| **Disclosure** |  |
| I agree to disclose all material facts regarding my health to my General Practitioner and his/her clinical staff.We, the Practice, declare that we shall not disclose any information regarding you without your written consent, unless required to do so by a court order or any other legal obligation. |
| **Confidentiality** |  |
| We declare that we shall hold confidential all matters pertaining to you and not release such information, except in relation to managing your care (e.g.referral letter) without your written consent, unless required to do so by a court order or any other legal obligation. |
| **Evidence Based Medicine** |  |
| I understand and agree that Central Surgery clinicians practice evidence based medicine and as such they may make changes to my existing treatment in order to optimise my health care. |
| **Appointments** |  |
| I agree to **arrive on time for all appointments** that I book with the Practice, orto cancel with at least 24 hours’ notice for any appointment that I cannot attend.Cancellations can be made online, by phone by selecting **option 2** or texting back CANCEL to my appointment text reminder. I agree to comply with the Practice’s Did Not Attend policy. I acknowledge that if I arrive more than 10 minutes late for an appointment I will only be seen at the clinician’s discretion, based on his/her assessment of my clinical need, and that I may be asked to wait until the end of the surgery, or to rebook for another time/day. |
| **Prescribing** |  |
| I understand and agree that Central Surgery do not believe in prescribing benzodiazepines (such as temazepam, nitrazepam, diazepam and Z drugs) unless for short term use. Central Surgery cannot guarantee that they will issue opiates or benzos and especially not on the day I register. They have a policy on general withdrawal of these unless I am on a shared care scheme. |
| **Repeat Prescriptions** |  |
| I will give 48 working hours’ notice when requesting a repeat prescription. Furthermore I agree to make my request in writing: by email, via the patient online access or through my nominated pharmacy. I acknowledge that medications requests cannot be made by telephone. |
| **Test Results** |  |
| I understand that I can access online for results of medical tests. If I need to call the surgery it will be after 11.00am. I acknowledge that **I am responsible for contacting the practice** for my results, and that I will only be contacted by you in cases when I need urgent medical attention following a test. |
| **Home Visits** |  |
| I will only request a home visit from the Practice under circumstances where I cannot physically attend at the Practice, and have no one who can assist me. I will endeavour to make this request no later than 10:00 am. |
| **Telephone appointments** |  |
| I understand that I may book a telephone consultation with a doctor or nurse, but I will not be able to speak with them whilst they are consulting with other patients. |
| **Out of Hours and A&E Services** |  |
| I agree to use the Out of Hours Services or A&E only where it is medically necessary, otherwise I will contact the surgery when it is next open. |
| **Out of Area Patients** |  |
| I must inform the Practice when I change address. If the address is no longer in the Practice’s catchment area, I will need to find another practice in my new area within 30 days. |
| **Non NHS Services** |  |
| I agree to pay fees for non NHS work I request such as a medical certificate for absence less than 7 days or a private medical. I understand this is not covered under the NHS contract. I agree to pay in advance by either cash or a bank transfer.I acknowledge that private letters and forms that are not clinically urgent may take up to 20 working days to process. |
| **Bringing Children** |  |
| If you bring children to the surgery, we would be grateful if you would ensure they do not disturb other patients. I agree to supervise them at all times. |
| **Parking**  |  |
| I agree that if I receive a car park fine the Practice will not be involved in any disputes as they are not responsible to provide parking and the car park company is managed and employed by the building’s landlord. |
| **Mobile Phones** |  |
| We welcome the use of mobile technology. We simply ask you to be sensitive to others when using your mobile phone; by muting the ringer (to vibrate only or silent) and speaking quietly and at a reasonable distance from others in the waiting room. We would request you not to use the phone facility whilst in a consultation. |
| **Food and Drink** |  |
| Please make use of the cooled water dispensers. Ask at Reception for a cup.Please supervise children using this facility and let us know if there is a spillage.If you have drinks or snacks while you are waiting for your appointment, please dispose of containers in the waste bins. Please do not eat hot food or drink alcohol in the waiting room. |

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| **Recording Consent of Patients for****Data Sharing Initiatives in Kingston** |
| **Kingston Care Record**&**Kingston GP Chambers****Local** Initiatives | Local Data Sharing with Kingston Care Record (KCR), and Kingston GP Chambers enables your local Kingston care providers, to view the relevant clinical information about you, when they are treating you, and so give you the best possible care. These include local Nurses, Out of Hours GPs, specialist Clinics and more. It also helps to feedback information, to your own GP, on treatment and advice you have received elsewhere. | I am happy with and agree tolocal data sharingOr I want to: Opt out of KCR  |
| **Summary Care Record***also known as****SCR*****National** Initiative | Having a basic **Summary Care Record - SCR**, enables health care providers around the country, to view your * medication (last 12m)
* bad reactions to medicines
* allergies

when you’re admitted to hospital, when treating you in an emergency, or when your practice is closed.**Additional Information or Enriched SCR**Having an Additional Information Summary Care Record allows for more details of your significant medical history and specialist needs, to be included in your SCR. This is particularly useful, if you have long term conditions, or have specialist needs or instructions for your care. It can also include next of kin details. The SCR is used by hospitals and ambulance services around the country. | I want to have a Summary Care Record.I want an enriched SCR with medication, allergies**, and****Additional Information** I do **not** want to have a Summary Care Record. |
| **Care.data****National** Initiative*Soon to be known as* **National Data** **Opt Out** | **This relates to the use of your data required for general medical research and NHS management, but not related to providing you with direct care.**Care.data aimed to make increased use of information from medical records with the intention of improving healthcare via research. You can opt out of your data being used outside of the NHS but ok within it.Or you can opt out of your data being used by anybody including the NHS.This is to be replaced by *National Data Opt Out* starting in March 2018. The current opt outs will be respected until 2020 by which time they should be replaced by the new ‘online’ or ‘phone in’ version for you to update. | *The NHS will assume you are happy for your data to be used unless you opt out.* *There are* ***2 levels of opt out****, you can opt out of none, one or both:*I do not want my personal and confidential data to be used outside of the NHSI do not want my personal confidential data to be used for research by anyone. |