NEW PATIENT HEALTH QUESTIONNAIRE

|  |
| --- |
| Title Date of Birth |
| Surname Forename(s) |
| Previous Email  Surname |
| Home House Name/Flat  Address |
| No and Street |
| Village |
| Town |
| Postcode |
| Home Tel Work Tel |
| Mobile email |
| **Providing the surgery with a mobile number will ensure that you**  **receive appointment text reminders and important surgery news and**  **updates. If you do not wish to receive texts please inform reception.** |
| **Are you a military veteran? YES/NO** If you have served in the UK Royal Navy  Armed Forces, please indicate which service. (For Reservists/Territorial British Army  Army please confirm if you have served as Regular service Royal Air Force  Personnel for more than one day e.g. deployed on Operations Reservist/Territorial Army  (OP HERRICK etc.), please also indicate which service deployed  with).  **Are you currently serving in the UK Armed Forces? YES/NO**  Please indicate which service. |

Next of Kin details

|  |
| --- |
| Title Date of Birth |
| Surname Forename(s) |
| Home House Name/Flat  Address |
| No and Street |
| Town |
| Postcode |
| Telephone/mobile |

Ethnic group:

|  |
| --- |
| White British Irish Other If other please specify: |
| Black Caribbean African Other If other please specify: |
| Asian Indian Pakistani Chinese Other If other please specify: |
| Mixed White + Black Caribbean White + Black African White + Asian |
| Other prefer not to say |
| Do you require an interpretor? Yes No If yes please specify language: |

Information about you:

|  |
| --- |
| What is your height? What is your weight? |
| What is your first language? |
| Do you smoke? Yes No |
| *If yes, how many per day?* |
| *If you smoke, how old where you when you started?* |
| Would you like advice to help you to stop smoking? Yes No |
| Have you ever smoked? Yes No |
| *If you used to smoke, how old were you when you stopped* |
| *If you used to smoke, how many did you smoke per day?* |
| Do you have any learning disabilities? Yes No |
| Are you a Carer? Yes  No  ***A carer is anyone who cares, unpaid, for a friend or family***  ***member who due to illness, disability,***  ***a mental health problem or an addiction***  ***cannot cope without their support .*** |
| Do you drink alcohol Yes No  If yes how many units of alcohol do you drink a week (1 unit = ½ pint of beer or 1 small glass of wine or 1 single measure of spirit )  Total weekly units of alcohol ……………………………………………………………………………………………….. |

Which of the following options best describes you?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Heterosexual/Straight |  | Lesbian/Gay |
|  | Bisexual |  | In another way  (please state) |

Which of the following best describes how you think of yourself?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Female (including trans women) |  | Male (including trans men) |
|  | Non-binary |  | In another way  (please state) |

Is your gender identity the same as the gender you were given at birth?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Who will my Data be shared with?**

*The practice is bound by strict confidentiality and the General Data Protection Regulations 2018 (GDPR). This means we will only share your information if consent is provided or if necessary for your healthcare e.g. referrals to other clinical services. Where requested, information will be shared with lawyers, for insurance forms etc.*

*We hold your patient records in the strictest confidence, regardless of whether they are electronic or on paper. We take all reasonable precautions to prevent unauthorised access to your records, however they are stored. Any information that may identify you is only shared with the practice team, or, if you are referred to hospital, to the clinician who will be treating you. We will only share information about you with anyone else if you give your permission in writing.*

*For trans patients we adhere to the Gender Recognition Act 2004 and will not disclose a patient’s transgender history to a third party without written consent to do so.*

**Why do we collect it?**

*Under the Equality Act 2010, we have a duty of care to pay due regard to patients with protected characteristics. For this reason we collect a variety of demographic information in order to tailor the service and support you receive from us. Sexual orientation and trans status monitoring are one of many pieces of information we collect from our patients.*

*If you are not comfortable providing this information, you don’t have to. But filling in all of the demographic information on patient forms allows us to provide you the best care possible.*

If this registration form is for a child please continue:

|  |  |  |  |
| --- | --- | --- | --- |
| What school does your child attend? |  | | |
| Who has parental responsibility? | Title |  | |
| Surname |  | |
| Forename |  | |
| Is the adult with parental responsibility registered with our practice? | Yes | | No |

|  |  |
| --- | --- |
| Please state any other adults living within the home; |  |
| Does the child have any learning disabilities? | Yes No |
| Does the family have a social worker? | Yes No |
| Please give the names and dates of birth of any other children in the household. | Name  DOB  Name  DOB  Name  DOB  Name  DOB |
| Has the child you are registering ever been in foster care? | Yes No |

**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 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.

1. **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
2. **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant 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.
3. **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.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, 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**

Please note that it is not compulsory for you to complete this consent form.

If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b.

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

**My Summary Care Record (information to be shared with other healthcare professionals)**

Express consent for medication, allergies, and adverse reactions only □

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

No, I would not like a Summary Care Record, and I understand that other healthcare professionals such as the Out of Hours Doctors and Paramedics will not see my allergies or medications**.** □ Express dissent for Summary Care Record (opt out).

Name ……………………………………………..

Signature ………………………………………….

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

**General Practice Data for Planning and Research: NHS Digital Transparency Notice**

*How sharing patient data with NHS Digital helps the NHS and you*

The NHS needs data about the patients it treats in order to plan and deliver its services and to ensure that care and treatment provided is safe and effective. The General Practice Data for Planning and Research data collection will help the NHS to improve health and care services for everyone by collecting patient data that can be used to do this. For example patient data can help the NHS to:

* monitor the long-term safety and effectiveness of care
* plan how to deliver better health and care services
* prevent the spread of infectious diseases
* identify new treatments and medicines through health research

GP practices already share patient data for these purposes, but this new data collection will be more efficient and effective.

This means that GPs can get on with looking after their patients, and NHS Digital can provide controlled access to patient data to the NHS and other organisations who need to use it, to improve health and care for everyone.

Contributing to research projects will benefit us all as better and safer treatments are introduced more quickly and effectively without compromising your privacy and confidentiality

*Our purposes for processing patient data*

Patient data from GP medical records kept by GP practices in England is used every day to improve health, care and services through planning and research, helping to find better treatments and improve patient care. The NHS is introducing an improved way to share this information - called the General Practice Data for Planning and Research data collection.

NHS Digital will collect, analyse, publish and share this patient data to improve health and care services for everyone. This includes:

* informing and developing health and social care policy
* planning and commissioning health and care services
* taking steps to protect public health (including managing and monitoring the coronavirus pandemic)
* in exceptional circumstances, providing you with individual care
* enabling healthcare and scientific research

Any data that NHS Digital collects will only be used for health and care purposes. It is never shared with marketing or insurance companies.

Patient data will be collected from GP medical records about:

* any living patient registered at a GP practice in England when the collection started - this includes children and adult
* any patient who died after the data collection started, and was previously registered at a GP practice in England when the data collection started

We will not collect your name or where you live. Any other data that could directly identify you, for example NHS number, General Practice Local Patient Number, full postcode and date of birth, is replaced with unique codes which are produced by de-identification software before the data is shared with NHS Digital. This process is called pseudonymisation and means that no one will be able to directly identify you in the data.

If you do not want your identifiable patient data to be shared outside of your GP practice for purposes except for your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out. Please see our website or ask at Reception.

**APPLICATION FOR ONLINE ACCESS**

|  |
| --- |
| Title Date of Birth |
| Surname Forename(s) |
| Previous Email  Surname |
| Home House Name/Flat  Address |
| No and Street |
| Town |
| Postcode |
| Home Tel Work Tel |
| Mobile Other Tel |

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

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 1. Requesting repeat prescriptions |  |
| 1. Accessing my Summary Care Record |  |

**I wish to access online services:**

|  |  |
| --- | --- |
| Signature: | Date |

**FOR PRACTICE USE ONLY**

|  |  |
| --- | --- |
| Patient NHS Number: | Practice computer ID number: |
| Identity verified by: Date:  (Initials) | Method:  Vouching  Vouching with information in record  Photo ID and proof of residence |
| Authorised by: | Date: |
| Date Account created: |  |
| Date passphrase sent: |  |
| Level of record access enabled:  Prospective  Retrospective  All  Limited parts  Contractual minimum | Notes/explanation: |

PATIENT CONTRACT

This document sets out information about the manner in which we run our services at Longshoot Medical Practice. We ask you to read this document and then sign to agree to the terms set out below.

The practice runs an appointment system for all consultations. Please ask for more than one appointment if you want more than one patient to be seen by the Doctor. Appointments are booked for 10 minutes. This makes the system fairer for everyone as other patients do not have an unreasonable wait if the GP would overrun. We also offer an ‘askmygp’ service which enables you to contact the surgery securely which we would prefer you to use at this is much more efficient and also makes sure you spend less time trying to get through on the phone. Also you can download ‘mygp’ app this is especially good for requesting prescriptions and making and cancelling appointments. Please see leaflets enclosed for both of these services.

Consultation time is precious; please try not to bring too many problems to one appointment. If the doctor has to deal with an emergency your appointment may be delayed. If this happens, you will be offered the opportunity of either waiting or rebooking.

**NEW PATIENT APPOINTMENTS**

When you register you will be asked to make a new patient appointment with one of our nurses/health care assistant. This appointment is for you to meet your surgery and for us to gather information about you and your family history. Regrettably, if you do not attend this appointment we are unable to register you with this surgery.

**CANCELLING APPOINTMENTS**

If you make an appointment to see your GP and then are unable to attend, please ring the surgery beforehand. If possible, you should ring at least 24hours in advance so we can make the appointment available to another patient. Patients who regularly fail to attend appointments may be asked to register with another practice. If you register for the ‘mygp’ app you can make or cancel appointments using this service.

Please ensure that you cancel any hospital appointments if you are unable to keep those also.

**LATE ATTENDANCE**

We appreciate you making the effort to attend surgery in time for your appointment. Patients who attend more than 5-10 minutes late may be asked to wait until the end of surgery to be seen or to make an appointment for another day. The Doctors endeavour to run their surgery to time.

**SMS COMMUNICATION**

We use text messages to send appointment reminders and for those patients who prefer we will gladly text you before calling. Please notify our reception team if you would prefer a text ahead of a phone call or a letter. By providing us with a mobile number we presume you are happy to be contacted using this method, however if you do wish to opt out please let a member of our team know.

**EMERGENCY APPOINTMENTS**

If a patient needs to be seen as an emergency, they must first telephone the surgery; all emergency requests will be triaged by our on call GP. Patients will not be seen if they just turn up at the surgery.

**REPEAT PRESCRIPTIONS**

The practice deals with many hundreds of repeat prescriptions each week. Please allow 2 full working days for us to process any requests for repeat prescriptions. If you are requesting prescriptions by post then postal times would need to be added (in that case allow 4 working days). **From April 2020 we no long issue green prescriptions we encourage all our patients to nominate a chosen pharmacy for us to send your prescription items electronically.** Also, because of potential for serious errors we will **NOT** accept prescriptions over the telephone. Only in emergency situation, e.g. patients with cancer, epilepsy or diabetes, will requests for repeat prescriptions be done sooner and this is only if the request is urgent.

**Electronic prescription service (EPS)**

You can choose a pharmacy to dispense all your prescriptions. When you get a prescription from the GP it will be sent electronically to the pharmacy you have chosen. You can collect your medicines or appliances without having to hand in a paper prescription which may save you time by avoiding unnecessary trips to your GP.

You will still order your repeat prescriptions in the same way as you do now, but your prescriptions will be sent electronically to the pharmacy of your choice.

You can change or cancel your choice at any time. Simply speak to your GP or pharmacist before you order your next prescription. You should allow time for the update to take place to avoid your next prescription being sent to the wrong place.

**Please state your preferred pharmacy here** …………………………………………………………….

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

**CONTINUITY OF CARE**

The practice endeavours to offer it’s patients the best medical service and care at all times and as part of this, all GP’s in the practice have access to the same information on screen and patients may have to see a different GP than the one they are registered with especially if they was to see a Doctor the same day.

**TELEPHONE CALLS**

When making contact with the practice by telephone, we would ask you to keep them as brief as possible in order that the other patients can also make contact with us, for results and routine matters our quietest times of day are between 11 & 3pm.

**HOME VISITS DURING SURGERY HOURS**

Very few conditions actually require a home visit by the GP and it is usually better for both the patient and the GP for an assessment of a problem to be done on the surgery premises. Home visits are only done when the medical condition actually prevents the patient coming to surgery and is not serious enough to warrant the advice to go straight to hospital. If you feel a visit by the GP may be appropriate however, please telephone the surgery before 10am. All visit requests will be triaged, if appropriate your GP may treat you by telephone consultation or refer your case into community services.

**CHANGE OF PERSONAL DETAILS**

It is important we are informed if you change your personal details and we would ask you to contact us via telephone, call into the surgery or write your up to date personal details including an up to date telephone number.

**OUT OF HOURS SERVICES**

Patients should contact 111 unless their condition is life threatening in which case would dial 999. Please do not telephone the out of hour’s service unless it is an emergency that cannot wait until the next day.

**EXPECTED BEHAVIOUR**

We endeavour to offer the best medical service and care to our patients at all times and that this should be performed with compassion and politeness by our staff. We anticipate our patients will reciprocate and treat our staff with consideration and politeness in return. Should any patient use abusive or threatening language or behaviour towards any member of the practice; we reserve the right to remove them from the practice list forthwith.

**Communication by SMS text message:**

|  |
| --- |
|  |

Text first? If you would prefer that we send you a text rather than disturb you with a call and or delay messages with writing you a letter please tick here:

I WOULD PREFER SMS:

All patients with a mobile number in their records will receive text reminders for future appointments, you can CANCEL by texting back the word CANCEL at any time up to 4 hours before your appointment.

Follow up advice, following any result that needs an action we will make one attempt at a phone call and then send a text or write to you if we are unable to get through.

If you do not wish to receive any communication by text please inform a member of the reception team.

Please also ensure to download the ‘MYGP’ app to book appointments, view your records and order repeat medication, please note to order your repeats and view records you will also need to sign up for full online services. Please see attached sheet ‘application for online services’

**NOTICE TO NEW PATIENTS IN REGARDS TO BENZODIAZEPINE AND ANALGESICS**

This surgery does not issue on-going Benzodiazepine prescriptions to newly registered patients. Patients taking this kind of medication will be offered a reduction programme, which will last 8 weeks.

Patients taking regular analgesic medication will be asked to attend surgery for a medication review with the GP.

Agreement to this policy is a strict requirement for registration with this practice. Patients unwilling to comply with this policy are advised to consider registering with another practice.

**I have read the patient contract and agree to my obligations.**

**Surname:**

**Forename:**

**Date of birth:**

**Signature:**  **Date:**

