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 |

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 |

**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 my medical record online and understand and agree with each statement (tick)**

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see or download |  |
| 2. If I choose to share my information with anyone else, this is at my own risk |  |
| 3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 5. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible. |  |

**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:  All Prospective  All Retrospective  Detailed coded record  Limited parts | Notes/explanation: | | |
| Date clinical assurance completed | | Assured by (initials) |
| Reason for refusal if record access is refused after clinical assurance. | | |

PATIENT CONTRACT

This document sets out information about the manner in which we run our services at Longshoot Health Centre. 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 ‘Ask My GP’ 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 ‘My GP’ app this is especially good for requesting repeat prescriptions.

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 telephone appointment with our health care assistant. This appointment is for us to gather information about you and your family history. Regrettably, if you do not complete a new patient telephone appointment, we are unable to register you with this surgery. In some circumstances you may be invited to attend the surgery for a face to face new patient appointment.

**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. 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 – see Appendix A

**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 3 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 5 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. – See Appendix A

**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 were 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 11am and 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.

**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:**

**Appendix A**

**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 ‘My GP’ app to view your records and order repeat medication.

**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 ……………………

**Appendix B**

**Patient Behaviour Agreement**

As the Practice Manager of Dr M K Patel and Partners, I am writing to you on behalf of the partners at the practice. We value you as a patient and want to provide you with high-quality care and service. However to do so, we need to set boundaries and expectations that will foster an effective relationship.

It is hoped that this is agreeable and that we can improve upon our relationship to maintain the effective patient/doctor relationship that is required.

Please review and sign the agreement carefully. This agreement will be retained within your healthcare record.

Agreement

This agreement is between the patient and Dr M K Patel and Partners.

This practice will endeavour to:

* Consider your needs and provide a professional and confidential service and work in partnership with you, your family, carers and representatives
* Consider what would most benefit your health and wellbeing and discuss any decision in a clear and transparent way
* Treat you equally and with dignity and respect
* Encourage you to take part in decisions about your health and wellbeing by providing you with the information and support to do so
* Learn from any mistakes and ensure that, should any occur, we fully investigate. If harm has been caused, we will provide an appropriate explanation and apology
* Offer you your named GP, or GPs, of choice where possible for continuity of care
* Listen to you and involve you in decision making regarding your treatment options
* Consider and respect your feedback

**Appendix B continued**

In return, this practice will expect you to undertake the following:

* Use our service responsibly and not expect immediate treatment for non-urgent/routine conditions
* Take personal responsibility for your own health
* Treat staff and other patients with respect and recognise that violence or the causing of nuisance or a disturbance on these premises could result in prosecution
* Recognise that abusive and violent behaviour will result in you being requested to register elsewhere
* Provide accurate information about your health, condition and status
* Keep to any appointments or cancel within a reasonable time to allow the appointment to be reused for another patient
* Follow the course of treatment to which you have agreed and talk to your clinician if you find this difficult
* Participate in important public health programmes such as vaccination
* Utilise the services of other professional practice staff as a GP is not necessarily the most appropriate clinician to see on all occasions
* Allow sufficient time for processing repeat prescription requests and not pressure staff to process unauthorised medication requests
* Keep us informed of any name, address and telephone number changes

I also understand that failure to meet these expectations may result in the practice requesting that I register elsewhere at another GP practice.

I have read, understand and agree to the above listed expectations.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient signature |  | Date |  |

