

FOR OFFICIAL USE ONLY	Photo ID Checked By	Address checked by

MEDLOCK MEDICAL PRACTICE

You are asked to fill in the questionnaire to allow us to provide medical care in the interim period while your medical records are transferred from your old practice to us.

Please remember that it is not the practices responsibility to issue sick notes, this is the responsibility of your previous GP as we will not have your clinical records at this time.

New Patient Questionnaire

Please bring a sample of urine and a list of your current medication to the New Patient Appointment in order to make the transition between GP Practices smoother. **Please complete all details.**

First name	Middle name	Surname
Male female	Date of Birth / /	Place of birth
NHS number	Nationality	Occupation
Home number	Mobile number	Email address
Address	Previous address	Status (please tick) Single Married Divorced Widowed Co habiting
Name and Address of previous GP	Are you a carer? Yes No Do you have a carer? Yes NO	Are you Housebound? Yes No
Do you need any medications <u>urgently?</u>	Current illnesses/conditions	Allergies
Family history/disease (Please tick) Heart problems High Blood Pressure Diabetes Cancer Asthma Epilepsy Other	Do you smoke? Yes No How many a day? How many years have you smoked for? Do you want to stop? Yes No	What is your height? What is your weight? Are you worried about your weight? Yes No

YOUR ETHNIC GROUP PLEASE TICK YOUR ETHNIC GROUP

These ethnic group descriptions are a national standard....	WHITE <input type="checkbox"/> WHITE BRITISH <input type="checkbox"/> WHITE IRISH <input type="checkbox"/> OTHER WHITE _____	CHINESE OR OTHER <input type="checkbox"/> CHINESE <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> ANY OTHER _____
ASIAN OR ASIAN BRITISH <input type="checkbox"/> INDIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> BANGLADESHI <input type="checkbox"/> OTHER ASIAN _____	BLACK OR BLACK BRITISH <input type="checkbox"/> WHITE & BLACK CARIBBEAN <input type="checkbox"/> WHITE & BLACK AFRICAN <input type="checkbox"/> WHITE & ASIAN <input type="checkbox"/> OTHER WHITE _____	MIXED <input type="checkbox"/> WHITE & BLACK CARIBBEAN <input type="checkbox"/> WHITE & BLACK AFRICAN <input type="checkbox"/> WHITE & ASIAN <input type="checkbox"/> OTHER MIXED _____

YOUR STATUS PLEASE TICK OPTIONS BELOW

SEXUAL ORIENTATION Which of the following options best describes how you think of yourself? <input type="checkbox"/> LESBIAN/GAY <input type="checkbox"/> HETEROSEXUAL/STRAIGHT <input type="checkbox"/> BISEXUAL <input type="checkbox"/> IN ANOTHER WAY	GENDER AND TRANS STATUS Which of the following options describes how you think of yourself? <input type="checkbox"/> WOMAN(INCLUDING TRANS WOMAN) <input type="checkbox"/> NON-BINARY <input type="checkbox"/> MAN(INCLUDING TRANS MAN) <input type="checkbox"/> IN ANOTHER WAY (PLEASE STATE BELOW)
IS YOUR GENDER IDENTITY THE SAME AS THE GENDER YOU WAS GIVEN AT BIRTH?? YES NO	

Improving Medicine through research.

The Practice takes part in medical research to continuously improve the services and medicines of today. The research focuses on the knowledge from patients that may know about the cause being researched. On occasion the practice will contact you to see if you would like to take part in research and have your say,

Please circle appropriately. Yes No

A NEW WAY TO GET YOUR MEDICINES AND APPLIANCES

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

What does this mean for you?

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time. You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop. You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

Can I change my nomination or cancel it and get a paper prescription?

Yes. If you don't want your prescription to be sent electronically, tell your GP. If you want to change or cancel your nomination, speak to any pharmacist, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now. Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser.

For more information about EPS visit: www.cfh.nhs.uk/eps Your pharmacy, GP practice

EPS Consent Form

Name and address of nominated dispenser:

Patient/Patient Representative signature:

Patient/ Patient Representative contact number:

Patient email address:

Date: / /

[For practice use only. Actioned by: Date:]

General confidentiality statement

• 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.

If you have any queries please do not hesitate to ask the receptionist who will be happy to help.

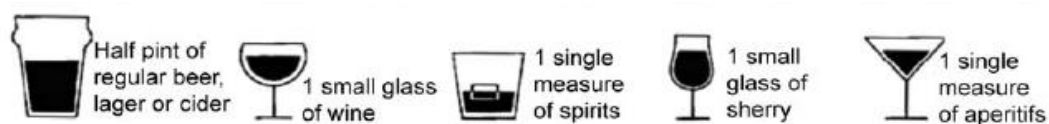
Have you served in the Armed forces? Yes No (office use only: 13q3)	Do you have any disabilities that we need to be made aware of in order for us to provide support? Yes No	Have you previously been a looked after child by any authority? Yes No (office use only: 13IB3)
Do you consent for this to go into your records? Yes No	Do you have difficulties reading or writing where you may require assistance? Yes No	

NEXT OF KIN DETAILS Please provide details:

(1) Name:	(2) Name:
Address:	Address:
Relationship to Patient:	Relationship to Patient:
Contact Number:	Contact Number:
IS THIS PERSON ALLOWED TO DISCUSS YOUR MEDICAL RECORDS. (Please select) YES THEY CAN. NO THEY CANNOT.	IS THIS PERSON ALLOWED TO DISCUSS YOUR MEDICAL RECORDS. (Please select) YES THEY CAN. NO THEY CANNOT.

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Email address	
Telephone number	Mobile number
I wish to have access to the following online services (please tick all that apply):	
1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>
4. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
5. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
6. 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"/>
7. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
Signature	Date



...and each of these is more than one unit



THIS IS 1 UNIT OF ALCOHOL

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.

Score from AUDIT- C (other side)



Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

0 – 7 Lower risk,

8 – 15 Increasing risk,

16 – 19 Higher risk,

20+ Possible dependence

TOTAL Score equals

AUDIT C Score (above)

Score of remaining questions





Letter for new patients: Important information about your Summary Care Record

Dear patient,

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised health care staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient, you have a choice **(Please tick)**

- ☐ Yes, I would like a Summary Care Record. **If you want a record you do not need to do anything further, one will be created for you when you register with your GP practice.** If you opted out of having a record in the past but have now changed your mind, speak to your GP practice and they can create one for you.
- ☐ No, I do not want a Summary Care Record. **If you do not want a record, you need to fill in the Summary Care Record opt out form and hand it in to your GP practice.** You should do this even if you have already completed a form at your previous practice. Opt out forms are available from your GP practice or you can print one from the website below.

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses 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, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, visit www.nhscarerecords.nhs.uk or call the Health and Social Care Information Centre on 0845 300 6016.

For practice use only

Patient NHS number		Practice computer ID number
Registration on EMSI by (initials)	Date	New Patient Check booked?
Online Access Account created?		
Date passphrase sent?		
Documents scanned onto Docman?		
Information provided by the patient have been fully read coded to EMIS?		
Level of record access enabled <div>Prospective <input type="checkbox"/></div> <div>Retrospective <input type="checkbox"/></div> <div>All <input type="checkbox"/></div> <div>Limited parts <input type="checkbox"/></div> <div>Contractual minimum <input type="checkbox"/></div>		Notes / explanation