

# NEW PATIENT QUESTIONNAIRE



Each Adult over 16 will need to return the completed registration forms **in person** along with their identification documents. Please bring **PHOTO ID** and **Proof of Address dated within the last 3 months** for verification purposes.

**ALL OF THE FORM MUST BE COMPLETED IN FULL OR WE MAY NOT BE ABLE TO REGISTER YOU UNTIL ALL INFORMATION IS PROVIDED.**

## 1. Your Personal Details

First Name..... Middle Name.....

Last Name.....DOB.....

Address.....

.....

.....Postcode.....

Mobile telephone number.....

Home telephone number.....

Other telephone number.....

Preferred contact number .....

Email.....@.....

***Please note it is vital that you inform us of any changes to your personal details***

## 2. Communication

We text/ email patients with appointment reminders and information about our services.

Are you happy for us to contact you in this way? [ ] Yes [ ] No

What is your preferred contact method for other communication?

[ ] mobile [ ] home telephone [ ] other telephone number

Do you have any special communication requirements?

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## General Data Protection Regulation

The General Data Protection Regulation (GDPR) (EU) 2016/679 is a regulation in EU law on data protection and privacy for all individuals within the European Union and the European Economic Area. It also addresses the export of personal data outside the EU and EEA.

If you have given us permission to contact you by phone, text or email we will use your details to remind you of appointments you have booked or to remind you to book a review or follow-up test. We may also send information about health campaign such as flu, NHS Health Checks or other patient events we feel might be important to you. We may also contact you via this method to let you know of any significant practice changes.

You can withdraw your consent for us to contact you via these methods at any time by contacting the practice. This could mean we are unable to offer the same level of service with regards to appointment reminders. You may wish to consider on line access to your patient record as an alternative way to check what you have booked.

## 3. On line services

**You can book appointments and order repeat prescriptions on line as well as view your patient record.**

There are links to these services via [www.systmonline.tpp-uk.com](http://www.systmonline.tpp-uk.com),  
[www.gibsonlaneppractice.co.uk](http://www.gibsonlaneppractice.co.uk)  
or download the SystmOne online app (Android and iPhone.)

To apply for this service, please complete the attached form & return it to our receptionist with your photo ID. Your username and password will be emailed or posted to you as soon as your registration has been completed.

If you lose your username or password, you are required to bring photo identification in to one of our surgeries and the reception staff will provide you with your username or re-set your password.

You will be provided with access to appointments and repeat prescription functions. If you wish to view your patient record and results you can make that request via the SystmOne online website. **Please note that requests to view your patient record can take up to 2 weeks to process.**

**4. Language & Country of Birth:**

First Language.....

If English is not your 1<sup>st</sup> language, interpreter required? Yes [ ] No [ ]

**5. Ethnicity**

**White**

- [ ] British
- [ ] Irish
- [ ] Traveller of Irish Heritage
- [ ] Gypsy/Roma

**Black or British Black**

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] CHINESE
- [ ] OTHER ETHNIC ORIGIN

**Mixed**

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other mixed background

**Asian or Asian British**

- [ ] Caribbean
- [ ] African
- [ ] Any other Black background

[ ] I do not wish an ethnic background category to be recorded

**6. Religion**

Please specify or state if prefer not to answer.....

**7. Smoking (please tick one box)**

Never Smoked [ ] Smoker [ ] Ex-Smoker [ ]

If you are a current smoker and if you are interested in quitting,

phone 0800 169 4219,  
text SMOKEFREE to 60066  
or email stopsmokingleeds@nhs.net.

**8. Caring**

Are you a carer? [ ] Yes [ ] No  
Does someone care for you? [ ] Yes [ ] No

Your Carers First Name..... Last name.....

Address.....

**9. Electronic Pharmacy Nomination**

All prescriptions are now sent electronically to your nominated pharmacy except Controlled Drugs (CD) prescriptions.

I would like to nominate..... Pharmacy  
at (address).....  
.....

**10. Repeat Medication**

**Please ensure that you have at least ONE MONTHS supply of any regular medication from your previous GP Practice before registering at our Practice.**  
**Please ask your previous practice for a list of your repeat medication. This will enable the Practice to set up any required repeat prescriptions and arrange any reviews or blood tests required in relation to your medication.**

**11. Any additional information** you feel the Practice needs to know including DRUG ALLERGIES, accessibility, disability or religious requirements.  
(Please continue on another sheet of paper if required.)

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**12. Accessible Information-** If you have any issues with accessing patient information e.g. deaf, blind, language barriers etc., please comment above and a receptionist will contact you to discuss.

### 13. Enhanced Data Sharing Record

This patient record sharing system allows patients to decide which information they would like to securely share from their electronic GP record and from other services where they may be receiving NHS care.

You are also able to control whether any information which has been recorded elsewhere can be viewed by your GP- this is known as “Sharing in.”

Are you happy to Share in? [ ] Yes [ ] No

You can decide whether you want to securely share any of your information recorded in the Practice with other NHS Services- this is known as “Sharing out.”

Are you happy to Share Out? [ ] Yes [ ] No

### 14. Summary Care Records

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had.

having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP Practice is closed.

Are you happy to have a Summary Care Record? [ ] Yes [ ] No

### 15. Patient Participation Group

The Practice is committed to improving the services we provide to patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you.

It will also mean we can keep you informed of opportunities to give your views and up to date with developments in the Practice.

Are you interested in becoming involved in the Practice Patient Participation Group? [ ] Yes [ ] No

**THE INFORMATION ON THIS FORM WILL BE PROCESSED ACCORDING TO DATA PROTECTION LEGISLATION ON THE LEGAL BASIS OF PUBLIC TASK GDPR ARTICLE 6(1) (e) AND SPECIAL CATEGORIES OF PERSONAL AUTHORITIES FOR THE DIRECT PROVISION OF HEALTHCARE COMMISSIONING AND PLANNING.**

**PLEASE SEE OUR WEBSITE [www.gibsonlaneppractice@nhs.net](http://www.gibsonlaneppractice@nhs.net) FOR FULL DETAILS ON HOW YOUR INFORMATION IS STORED, PROTECTED AND SHARED.**

### 16. New Patient Checks

Once you have handed in these completed forms, please attend at Kippax Health Centre to use our Health Station and undertake **new patient’s checks within 14 days.**

**NB: The NEW patient check requirement does not prevent you from booking a GP or Nurses appointment in the meantime.**

You will be asked questions regarding yours and your family’s medical history as well as your blood pressure and weight being recorded.

Please allow approximately 30 minutes.

**The Health Station at KIPPAX HEALTH CENTRE is available to use:**

Monday 8am- 8pm

Tuesday – Friday 8am-6pm

Saturday morning 8-11am

**No appointment is required.**

**Please also provide a urine sample- these can be dropped in to the surgery during opening hours up to 5.00pm (We are unable to accept them on a Saturday)**

Your results will be reviewed and if you need a follow up appointment, the Practice will contact you.

If you have any problems attending Kippax Health Centre or would like an appointment, please speak to reception or call us on:

**0113 2870870 Kippax**

**0113 2872567 Garforth**

**01977 683452 Monk Fryston**

#### **For Office Use only:**

<i>Identity verified by:</i>	<b>Method:</b>
	<b>ID:</b>
	Passport <input type="checkbox"/>
	Driving License <input type="checkbox"/>
	Other ID <input type="checkbox"/>
	<b>Residence</b>
	within last 3 months <input type="checkbox"/>
<i>Date:</i>	Proof provided _____

This is one unit of alcohol...

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



AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many units of alcohol do you have on a typical day when you are drinking? <b>(please see chart above)</b>	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 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	
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?	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 sensible drinking, 8–15 hazardous drinking, 16–19 harmful drinking, 20+ Possible dependence

Total Score: \_\_\_\_\_

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_



**Application for online access services.**

<b>Surname:</b>	<b>Date of birth:</b>
<b>First name:</b>	
<b>Address inc. Postcode:</b>	
<b>Email address:</b>	
<b>Telephone Number:</b>	<b>Mobile Number:</b>

I wish to have access to online services for **booking appointments** and **requesting repeat prescriptions** and **I accept the conditions of use as set out below.**

<b>Signature:</b>	<b>Date:</b>
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**Conditions of Use:**

- The registering patient has to collect the confirmed login details from the practice in person & maybe asked for proof of ID.
- You can use the service to book **single** appointments with the GPs. If you require a longer appointment or wish to see someone else in the practice please contact us during normal surgery hours.
- This service cannot be used to book appointments for any of the nurse’s services.
- Access to the service is provided on the condition that you keep your appointments. Repeated failure to attend will result in the withdrawal of access to the service.
- Abuse of the service e.g. booking and late cancellation of appointments will result in withdrawal of access to this service.
- Passwords/ logon credentials should be kept secret. Do not pass the details of passwords on to anyone else.
- If you think someone knows your password, you must contact the surgery at the first opportunity so that we can suspend your access to the system and provide you with new user credentials.
- The practice cannot guarantee that the SystmOne online service will be continuously available- if you discover the service is not available please contact the surgery to alert us.
- Failure to comply with any of the above conditions will result in revocation of access to the service.
- **This service is only available to patients age 16 and over.**
- For prescriptions ordered before 12pm, please allow 48 hours before collection. Requests made after 12pm, please allow 48 hours from the next working day before collection.

**For practice use only:**

<i>Identity verified by:</i>	<i>Date:</i>	<i>Method:</i> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID & proof of residence <input type="checkbox"/>
<i>Date accounted created &amp; passphrase given to patient:</i>		



## How we use your medical records

### Important information for patients

- This practice handles medical records in-line with laws on data protection and confidentiality.
- We share medical records with those who are involved in providing you with care and treatment.
- In some circumstances we will also share medical records for medical research, for example to find out more about why people get ill.
- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading or to check the care being provided to you is safe.
- You have the right to be given a copy of your medical record.
- You have the right to object to your medical records being shared with those who provide you with care.
- You have the right to object to your information being used for medical research and to plan health services.
- You have the right to have any mistakes corrected and to complain to the Information Commissioner's Office. Please see the practice privacy notice on the website or speak to a member of staff for more information about your rights.
- For more information please visit our website [Gibson Lane Practice](#) or speak to our Reception staff



**New Accessible information standards mean that we need to look at communication with our patients**

We want to become better at communication with our patients

We want to make sure you can read and understand the information we send you

If you find it hard to read our letters or if you need someone to support you at appointments, please let us know:

For example:

- We want to know if you need information in braille, large print or easy read
- We want to know if you need a British Sign language interpreter or advocate
- We want to know if we can support you to lip-read or use a hearing aid or communication tool
- Please tell the receptionist or clinician if you need information in a different format or communication support

Thank you