

# Church Avenue Medical Group

## New Patient Questionnaire

The information that we are seeking on this form is to help us offer you the best advice and treatment that we can. Please tell us as much information as you can and return this form to the surgery together with the registration form and documents to verify your identity.

### **You're Details:**

Title:	<b>Telephone Numbers</b>
First Name:	Home:
Surname:	Mobile:
Date Of Birth:	Work:
Email Address:	

### **Why we need to verify your identity:**

It is not uncommon for people to use false names to register with practices and then obtain prescription drugs fraudulently. This costs the NHs money and we need to play our part in attempting to combat this fraud.

It is now local NHS policy that all individuals seeking to register with practices in North Yorkshire, either as new patients or temporary residents, should provide proof of identity. This means verifying your name and also where you live or used to live.

Acceptable documents for proof of name are:

- Passport
- Driving licence
- Birth certificate
- Marriage certificate
- NHS card
- National Insurance Number Card

Acceptable documents for the proof of address are:

- Utility bills (gas, electricity or landline telephone) within the last 3 months
- Council Tax payment book or correspondence
- Bank or credit card Statements

When returning your completed registration form and new patient questionnaire please present one document to verify your name and another to verify your address.

All information on this form will be subject to our confidentiality protocol. No information will be shared with any other organisations without your prior consent to do so. If you require any further information please see our Privacy Policy <https://www.churchavenuemedicalgroup.co.uk/>

Please sign to say you agree with the above

<u>Date:</u>	<u>Signature:</u>
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# Church Avenue Medical Group New Patient Questionnaire

## About You:

Height:	Weight:
<b>Smoking Status</b>	
Never Smoked Tobacco	
Smoker	How much do you smoke per day?
Ex-Smoker	When did you stop smoking?

## Next of Kin:

Name:	Address:
Relationship:	Contact Number:

## Electronic Prescriptions:

Name of Nominated Pharmacy: <i>(this is so we can send all of your prescriptions electronically, straight to a Pharmacy of your choosing, rather than you collecting the paper script from the surgery)</i>
Address of Nominated Pharmacy:

## Alcohol Audit:

<u>Questions</u>	<u>Scoring System</u>					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 male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

### Examples of units in common drinks



2.6 units

Standard 4.5% cider (pint)



2.3 units

Standard 13% wine (175ml)



1 unit

Standard 40% spirit (25ml)



2.3 units

Standard 4% beer (pint)



1.1 units

Standard 4% alcopop (275ml)

You shouldn't regularly exceed




[drinkaware.co.uk](http://drinkaware.co.uk)

Scoring:  
 A total of 5+ indicates increasing or higher risk drinking.  
 An overall total score of 5 or above is AUDIT-C positive.

## Church Avenue Medical Group New Patient Questionnaire

### Contacting You:

At times we may need to contact you at home. Do you consent to us leaving messages on your answer phone machine asking you to call us back?	Yes	No
If another member of your household answers when we're trying to contact you do you consent to us telling them it's the surgery calling? And if you're not in do you consent to us asking them for you to call us back?	Yes	No
Do you consent to us sending you SMS text messages relating to your care e.g. to remind you about appointments and when you need to contact us.	Yes	No
Do you consent to us sending correspondence to you via your e-mail?	Yes	No
If answered yes to any of the following please Sign :		

### **PRACTICE USE ONLY**

ID seen and verified :			
Passport – no proof of residence	<input type="checkbox"/>	Other photographic ID and proof of residence	<input type="checkbox"/>
Passport and proof of residence	<input type="checkbox"/>	Vouched for by member of staff	<input type="checkbox"/>
Photo-card drivers licence	<input type="checkbox"/>	Patient agreed to all statements on form (if requesting access to medical records)	<input type="checkbox"/>
Staff Member Completing this Form:		Date:	

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### SUMMARY CARE RECORD

The NHS has introduced the new Summary Care Record (SCR). The SCR will contain details of your medication and any allergies or adverse reactions you may have. There is also the potential for Additional information to be added at some point in the future but this will require your specific agreement.

The SCR will be uploaded from the practice's electronic records system and held securely on an NHS Database. It will be particularly useful to staff in hospital emergency departments and those providing out of

hours GP cover but access will be limited to people with appropriate permissions and those people should

seek your authority each time they wish to access an SCR unless you are medically unable to give it. If you are content for your data to be uploaded and held centrally by the NHS you need do nothing but if you

do not want this to happen you must opt out. This means that you must complete the opt out form overleaf

And it and return it to your GP surgery as soon as possible. Your record will then be annotated to indicate

That you do not give consent for your details to be uploaded.

If you are the parent or guardian of children under the age of 16 years you will either have to let them make

the decision themselves or decide on their behalf whether to permit the creation of an SCR or to opt out. If

the decision is to opt out then an opt out form will have to be submitted for each child concerned.

If you require further information on the subject please do not contact the surgery. Instead you may:

- visit the NHS Care Records Service website at [PCSE.enquiries@nhs.net](mailto:PCSE.enquiries@nhs.net) or
- Telephone the NHS Care Records Service information line on 03330142884

**Yes I would like summary care record-** you do not need to do anything and a summary care record will be created for you

**Undecided-** enclosed is an opt- out form. Please complete the form and hand it to a member of the GP practice staff within 12 weeks of registering. If you do nothing, after this time, we will assume you are happy with these changes and create a summary care record for you

**No I do not want a care summary record-** attached is an opt- out form, please complete this and had it to a member of the practice

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Your emergency care summary

CONFIDENTIAL

## OPT-OUT FORM

### Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

**A. Please complete in BLOCK CAPITALS**

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode..... Phone No ..... Date of birth .....

NHS Number (if known)..... Signature .....

**B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B**

Your name ..... Your signature.....

Relationship to patient..... Date .....

**What does it mean if I DO NOT have a Summary Care Record?**

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no

Date.....