

RED HOUSE SURGERY ~ NEW PATIENT QUESTIONNAIRE

LAST NAME	FIRST NAMES
PREVIOUS SURNAME	FIRST LANGUAGE
DATE OF BIRTH	ADDRESS
HOME PHONE	
MOBILE	POST CODE
EMAIL ADDRESS	

COMMUNICATING WITH YOU

SMS TEXT MESSAGES and EMAIL

We will hold your mobile phone number and email address where you have provided these to us. We may use these to send you text messages or emails about your care, for example, messages about appointments, test results, or inviting you to attend a clinic.

We will only use your email address or mobile phone number for direct medical purposes, unless you provide us with your explicit consent to email you for other purposes as well, for example details about new services.

You have the right to provide your mobile number for calls only. If you **DO NOT** wish to receive text messages from us, please tick the box below:

I do not wish to receive text messages about my care

ACCESSIBLE COMMUNICATION NEEDS

Do you have any information or communication support needs relating to disability, impairment or sensory loss? YES NO

If YES, please state what your needs are

How can Red House Surgery best meet your information / communication needs? E.g. Do you need large print, Braille, BSL, Easy Read or other communication support /aid?
.....

ABOUT YOU (AGED 16 AND OVER)

YOUR HEIGHT	cm / metres / feet <i>(please circle)</i>	YOUR WEIGHT	kg / stones / lb <i>(please circle)</i>
YOUR SMOKING STATUS	NEVER SMOKED <input type="checkbox"/>	STOPPED SMOKING <input type="checkbox"/>	CURRENT SMOKER <input type="checkbox"/>
<i>If you smoke please consider making an appointment with a nurse to discuss smoking cessation.</i>			

ALCOHOL How many units of alcohol do you drink per week?	1 unit = ½ pint beer/cider or 1 glass wine or single measure of spirits
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AUDIT C	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 - 2	3 – 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

ARE YOU A CARER?	YES / NO
DO YOU HAVE A CARER?	YES / NO

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YOUR MEDICAL HISTORY (ALL AGES – WHERE APPLICABLE)

WHAT ILLNESS OR OPERATIONS HAVE YOU HAD IN THE PAST?	WHEN?

When did you last have your Blood Pressure checked?	
What was the Blood Pressure reading? <i>(If known)</i>	

Do you have any medical problems at the moment? <i>(Please describe briefly)</i>

Do you have any disabilities? YES / NO <i>If YES, please describe:</i>

Do you have any problems that it might help your doctor to know about, regarding your personal life, childhood, education, family, home life or accommodation?

ARE YOU ALLERGIC TO ANY DRUGS OR MEDICINE? WHICH?	WHAT HAPPENS?

PLEASE STATE WHAT TABLETS OR MEDICINES YOU TAKE	HOW OFTEN?

WOMEN ONLY

HAVE YOU HAD A CERVICAL SCREENING SMEAR?	YES / NO	WHEN WAS IT DONE?	
WHERE WAS IT DONE?		WHAT WAS THE RESULT?	

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FULL NAME		DATE OF BIRTH	
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WHICH PHARMACY WOULD YOU LIKE YOUR ELECTRONIC PRESCRIPTIONS TO GO TO? (Please tick **one**)
(This will save you time as you won't have to come to the surgery to collect a paper prescription.)

Boots Chesterton Road		Lloyds Arbury Court		Tesco	
Boots Newmarket Road		Rossiers Milton Road		Sainsburys	
Boots Petty Cury		Rowlands Histon Road		Asda	
Boots Grafton Centre		Other pharmacy:			

SUMMARY CARE RECORD

The NHS England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the healthcare staff treating you will have immediate access to important information about your health.

As a patient you have a choice. Please indicate below whether you want to opt in, or out.

I WOULD LIKE A SUMMARY CARE RECORD AND CONSENT FOR MY MEDICAL INFORMATION TO BE UPLOADED ONTO THE NATIONAL SPINE:

- YES - Express consent for medication, allergies and adverse reactions only. OR**
- YES - Express consent for medication, allergies, adverse reactions AND additional information.**
- NO – I do not want a summary care record.**

For more information telephone the helpline on 0800 279 2535 or visit the NHS website: www.nhscarerecords.nhs.uk

NHS DIGITAL How the NHS and care services use your information

Red House Surgery is one of many organisations working in the health and care system to improve care for patients and the public. Whenever you use a health or care service, such as attending Accident & Emergency or using Community Care services, important information about you is collected in a patient record for that service. Collecting this information helps to ensure you get the best possible care and treatment.

The information collected about you when you use these services can also be used and provided to other organisations for purposes beyond your individual care, for instance to help with:

- improving the quality and standards of care provided
- research into the development of new treatments
- preventing illness and diseases
- monitoring safety
- planning services

This may only take place when there is a clear legal basis to use this information. All these uses help to provide better health and care for you, your family and future generations. Confidential patient information about your health and care is **only used** like this where allowed by law. Most of the time, anonymised data is used for research and planning so that you cannot be identified in

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NHS DIGITAL continued

You have a choice about whether you want your confidential patient information to be used in this way. If you are happy with this use of information you do not need to do anything. If you do choose to opt-out your confidential patient information will still be used to support your individual care.

To find out more or to register your choice to opt out, please visit www.nhs.uk/your-nhs-data-matters.

You can also find out more about how patient information is used at:

<https://www.hra.nhs.uk/information-about-patients/> and <https://understandingpatientdata.org.uk/what-you-need-know>

You can change your mind about your choice at any time.

Data being used or shared for purposes beyond individual care does not include your data being shared with insurance companies or used for marketing purposes and data would only be used in this way with your specific agreement.

National Data Opt-Out

If you DO NOT want your identifiable information to be used for research or planning purposes, you must contact NHS Digital directly. The practice cannot opt-out on your behalf.

You can still opt out of having the information we hold about you shared – see below ...

Until 2020 you can request that your personal confidential information is not shared outside the Red House Surgery for purposes other than your direct care.

I do NOT want my personal confidential data to be shared outside my GP practice for purposes other than my direct care.

IF YOU ARE FILLING OUT THIS FORM ON BEHALF OF ANOTHER ADULT PERSON the Practice will need to check that you have the authority to do so. Please ensure you fill out your details below:

Your name:.....

Relationship to patient (as named on this form):

Your signature: **Date:**

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CHILD REGISTRATION

0 – 15 YEARS

ADDITIONAL INFORMATION

If you are filling out this form on behalf of a child – the Surgery will need to check that you have the authority to do so. Please fill out your details below:

Name of child: Date of birth:
Your name:
Relationship to patient (<i>as named on this form</i>):
Your signature: Date:

Full names of parents / guardian / person with parental responsibility

Please tell us about other children in the family	
NAME	DATE OF BIRTH

ONLINE ACCESS

In order to give a parent access to their child’s record on-line (to book appointments and order repeat prescriptions) we will need to see ID for both parent and child, e.g. birth certificate, passport, driving licence.

When a child reaches the age of **11** their parents will no longer be able to have access to their record on-line.

If a child aged 11 or over wants their parent/guardian to be able to access their record on-line, the child will need to fill in a short form to demonstrate their competence to give consent for this.

If there is any doubt about their competence to give consent, or their freedom to withhold consent, the decision will have to be made by their regular doctor.

IMMUNISATIONS

Please note that children having immunisations done at the Red House Surgery will need to be accompanied by a parent, or someone with parental responsibility, or the adult with them at the time will need the parent’s written authorisation giving consent for the immunisations.

Please see the immunisation / vaccination record overleaf →

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CHILD IMMUNISATION RECORD

Please complete the following information, or provide a copy of the child's vaccination record.

	DATE GIVEN			
	1st	2nd	3rd	4 th /Booster
BCG (<i>Tuberculosis</i>)				
DTaP (<i>Diphtheria, tetanus, pertussis (whooping cough)</i>)				
Polio (<i>IPV</i>)				
Hib (<i>Haemophilus influenzae</i>)				
Pneumococcal (<i>PCV</i>)				
Meningitis C				
Meningitis B				
Hib/Men C (<i>combined at 12 months</i>)				
MMR (<i>Measles, mumps + rubella</i>)				
Hepatitis B				
Varicella				
Rotavirus				
Others – please specify				

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Please note that children having immunisations done at Red House Surgery will need to be accompanied by a parent, or someone with parental responsibility, or the adult with them at the time will need the parent's written authorisation giving consent for the immunisations.

Updated December 2018
