**Dr R M PATEL & DR H TAILOR WHITWICK HEALTH CENTRE**

Form 1 – medical card or passport or photo driving license or national identity card. Form 2 – bank/building society statement or utility bill (less than 3 months old) for evidence of address

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Fields marked with an asterix (\*) are mandatory.

Title Surname

First names

Date of Birth

 NHS No:

Home address

Postcode

Email address

Any previous surname(s)

 Male Female

Town and country birth

Home telephone No:

Work telephone No:

Mobile No:

 Preferred Method of contact Phone [ ]  SMS [ ]  Email [ ]  Letter [ ]

|  |
| --- |
| What is your ethnic origin? |
| British/Mixed British [ ]  | Irish [ ]  | Chinese [ ]  |
| White/Black Caribbean [ ]  | White/Asian [ ]  | White/Black African [ ]  |
| Indian/British Indian [ ]  | Pakistani/British Pakistani [ ]  | Bangladeshi/British Bangladeshi[ ]  |
| Caribbean [ ]  | African [ ]  |  |
| Other Asian Background [ ]  | Other Black Background [ ]  | Other White Background [ ]  |
| Other (please specify) I do not wish to answer [ ]  |

|  |
| --- |
| **What is your main spoken language?** |
|  English [ ]  |  Hindi [ ]  | Gujarati |  [ ]  |
| Bengali [ ]  | Punjabi [ ]  | Somali |  [ ]  |
| Urdu [ ]  | Arabic [ ]  | Polish |  [ ]  |
| Other: | I do not wish to answer [ ]  |
| Do You require an interpreter? Yes [ ]  No [ ]  |
| **Do you require communication support or a specific contact method?**

|  |  |
| --- | --- |
|  Uses Hearing Aid [ ]  |  Prefers communication in writing [ ] Gujarati [ ]  |
| Lip Speaker[ ]  |  Prefers communication verbally [ ]  [ ]  |
| Uses Sign Language [ ]  | Prefers communication by telephone [ ] Polish [ ]  |
| Uses text relay [ ]  | Prefers communication by email [ ]  |

 Other Please Specify: |

**The Practice adheres to the Accessible Information standard, which Make sure everyone’s needs are recorded in the same way and that they are easy to understand – If you specific need is not listed above, Please provide details in the Other, Please Specify Section or contact our reception team on 01530 839629.**

**Take a note of your Accountable GP**

We are now required to provide all of our newly registered patients information on who their named GP.

**Dr R M Patel** will have overall responsibility for the care and support that our surgery provides to you. This does not prevent you from seeing any GP in the practice as you currently do. You do not need to take any further action, but if you have any questions, please ask our reception team for further information.

**Consent Section – Please read with care:**

Dr R M Patel & Dr H Tailors’ Surgery would like to contact you with appointment reminders/health campaigns/services that we provide and test results. **Do you consent to receive the following from Dr R M Patel & Dr H Tailor. Text messages Yes / No Emails Yes / No Answering machine messages Yes / No**

Today, electronic records are kept in all the places where you receive healthcare. These places can usually only share information from your records by letter, email, fax or phone. At times this can slow down your treatment and mean information about you is hard to access

The services you access, however, may use a unique computer system called **SystmOne** that allows the sharing of your medical history and records across different healthcare services. We are telling you about this so you can decide whether you want us to share your full medical record with other NHS services that use System One. The aim is to enable faster, more connected treatment but it cannot happen without patient consent.

**Do you consent to consent to share your records with other Healthcare professionals (District Nurses, Community Health Nurses etc) on System One? (Electronic Data Sharing Module) Yes / No**

For more information - <https://www.westleicestershireccg.nhs.uk/your-ccg/publications/your-health-and-services/1063-edsm-patient-guide-0/file>

*Do you dissent (refuse) to share anonymized information about your clinical record with West Leicestershire CCG via secure server for the purpose to identify patients in need of additional care. The practice will always contact the identified patient to consent to additional care? (Risk Strat) Yes / No*

**You can modify or withdraw your consent at any time by contacting our reception team on 01530 839629, we will act on immediately, unless there is a legitimate or legal reason for not doing so**. Every practice in the country are being asked to participate in these schemes.

Important Information on your summary care record:

Most people in England already have a ‘core’ Summary Care Record which only makes limited information from a patient’s GP record available to other health professionals, such as current medications, allergies, and bad reactions to medicines. The NHS is encouraging people living in Leicester, Leicestershire and Rutland to share more information about their health and preferences to help doctors and nurses treat them. An ‘Enhanced Summary Care Record’ is special as is can also include details of illnesses and health problems, past operations and vaccinations, treatment preferences, information about the kind of support needed, and who should be contacted if more information is required. **Why you should consent to an ‘Enhanced Summary Care Record’**

Consenting to an ‘Enhanced Summary Care Record’ means you can receive better, quicker care if you need to access healthcare away from your usual GP surgery, such as in an emergency, on holiday, when their normal surgery is closed, at hospital clinics, and when visiting a pharmacy.[ ]  - Express consent for an **‘Enhanced Summary Care Record’**

Please only tick the boxes below if you **DO NOT** want an enhanced summary care record.

[ ]  - Express consent for medication, allergies and adverse reactions only

[ ]  - Express dissent (opt out) – I do not want a Summary Care Record

**If you require further information on your summary care record or wish to opt out, log on to:**

**https://www.westleicestershireccg.nhs.uk/your-health-and-services/your-health-records-and-data/11-your-health-and-services/210-enhanced-summary-care-record**

We offer **Electronic Prescribing** for you convenience

**What does this mean for you?** You will not have to visit the practice to pick up your paper prescription. Instead, we 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. Select where you want your GP to send your electronic prescription.

**Name and Address of my nominated pharmacy:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you consent to your nominated pharmacy to request and collect your prescription on your behalf**

**Yes****[ ]  No****[ ]**

|  |
| --- |
| Next of Kin Details:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/Telephone NumberDo you care for somebody? Yes / No (This does not include being a parent) To help you in your caring role and to look after your own health and wellbeing, do you consent to a referral to support for carers Yes / NoDo you require a carer to assist you? Yes / NoContact details:Do you have a named social worker? Yes / NoContact details:  |
|  |

|  |  |
| --- | --- |
| **Are you taking regular Prescribed Medication?** | *If yes, please state: Name/Strength/Dose Below**1)*2)34)5)6)7)8)9)10) |
| Do you have any allergies? Yes [ ] / No [ ]  | *If yes, please state:* |
| Have you had any adverse reactions to medicines or substances? Yes [ ]  / No [ ]  | *If yes, please state:* |

|  |
| --- |
| Smoking status: |
| Current smoker [ ] Daily Consumption: | **If you are a current smoker – have you thought about stopping smoking recently?****[ ]  Yes [ ]  No****If you would like help please ask for details from reception or contact** Quit Ready **0345 646 66 66** |
| Ex-smoker [ ]  Date Stopped |
| Never smoked tobacco [ ]  |
| Please provide an estimate of your: | Height: |
| Weight: |

|  |
| --- |
| Do you or have you ever suffered from: |
| **Epilepsy** |  |  | Yes | Year |  | **Mental Illness** |  |  | Yes | Year |
| **High BP** |  |  | Yes | Year |  | **Diabetes** |  |  | Yes | Year |
| **Heart Attack / Angina** |  |  | Yes | Year |  | **Asthma** |  |  | Yes | Year |
| **Stroke / Mini-stroke (TIA)** |  |  | Yes | Year |  | **COPD (or Emphysema)** |  |  | Yes | Year |
| **Cancer** |  |  | Yes | Year |  | **Osteoporosis / Bone fractures** |  |  | Yes | Year |
| **Rheumatoid Arthritis** |  |  | Yes | Year |  | **Peripheral vascular disease** |  |  | Yes | Year |
| If you suffer from any of the above conditions, a yearly check with one of our practice nurses will be required – If you have not seen anyone in the last year, Please contact our patient services team on 01530 839629 to check if you require an appointment. |

**This is one unit of alcohol…**

****

On average, please state how many units of alcohol would normally drink every week?

Units per week.

AUDIT – C – Brief Alcohol Questionnaire:

|  |  |
| --- | --- |
|  | Scoring System = 0,1,2,3,4 |
| Questions | 0 | 1 | 2 | 3 | 4 | Your Score |
| How often do you have a drink containing alcohol? | Never | Monthlyor 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 |  |
| *Total Score* |  |

**Scoring:** A total of 5+ indicates increasing or higher risk drinking. -

**If you have scored 5+ Please complete the remaining questions below.**

Remaining AUDIT questions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Questions | 0 | 1 | 2 | 3 | 4 | Your Score |
| 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 |  |
| *Total Score* |  |

**Scoring:** 0 – 7 Lower risk8 – 15 Increasing risk 16 – 19 Higher risk 20+ Possible dependence

**Application for SystmOnline**

What is System Online?

“System Online” is a website which allows you to have access to our on-line services. These include: Arranging, checking and cancelling appointments, ordering medication, viewing your medical record

‘**Using on-line services could save you a trip, or phone call to the surgery**.

You can use System Online at home, at work or on the go 24/7– where ever you can connect to the internet or alternatively Patient Access mobile app is free to download on Android and iOS.’

# If you wish to have access to online services – please complete the details below.

Name: Date of Birth

## I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. **Booking appointments**
 | 🞏 |
| 1. **Requesting repeat prescriptions**
 | 🞏 |
| 1. **Access to Questionnaires**
 | 🞏 |
| 1. **Accessing detail coded records (Enhanced)**
 | **🞏** |

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice | 🞏 |
| I will be responsible for the security of the information that I see or download | 🞏 |
| If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |

|  |  |
| --- | --- |
| **\*Signature** | **\*Date** |

### For practice use only

|  |  |
| --- | --- |
| Patient NHS number | Practice computer ID number |
| Address[ ]  Photo ID [ ]  | Identity verified by(initials) | Enter Date:  |

**Online Services Records Access Patient information leaflet ‘It’s your choice’**



|  |  |
| --- | --- |
| If you wish to, you can now use the internet toBook appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It’s your choice.Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.**You will only be given access to “Detail Coded Records”. Information is recorded in your Computer Record in a number of ways. You will only be given access to information that has been recorded as a “read code” during a consultation with a GP or Nurse. You will be able to see additional information added as an “Investigation” (Laboratory tests, height, weight, blood pressure etc.).****The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.** | Book Appointments OnlineOrder Medication OnlineView Medical Records Online**It will be your responsibility to keep your login details and password safe and secure.** **If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.****If you can’t do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.****If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.****The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.****Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.** |

**Before you apply for online access to your record, there are some other things to consider.**

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

|  |
| --- |
| **Forgotten history**There may be something you have forgotten about in your record that you might find upsetting. |
| **Abnormal results or bad news**If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you. |
| **Choosing to share your information with someone**It’s up to you whether or not you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have. |
| **Children**We will, normally, allow representatives of children who have parental responsibility access to their record. This access will be withdrawn when the child reaches the age of 13 or when they are deemed to be medical competent. The child will then need to apply for access in their own right.We reserve the right to withdraw access when such access to a child’s online record may cause distress to the child. |
| **Coercion**If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time. |
| **Misunderstood information**Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation. |
| **Information added by non-clinicians**Information will have been added to your medical record by administrative staff employed by the practice.Such information could be when your notes from your previous practice have been summarised and entered onto our computer system; when we receive documents from other health providers that contain data suitable for coding; and other information we require to have in your record to support clinicians in providing healthcare to you.Some information will have been added by other clinical staff who may not be employed by the surgery, for example community midwives and nurses. In some cases, medical records will have been transferred electronically this will form the basis of your clinical record. |
| **Information about someone else**If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |

**More information**

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>