

# The Heath Surgery

## NEW PATIENT QUESTIONNAIRE

The Practice offers a New Patient Health Check to all our patients. If you would like to see a clinician please ask at reception.

### Personal Details

Title:	
Full Name: (including middles names)	
Date of Birth:	
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting <input type="checkbox"/>
Home Telephone Number:	
Mobile Telephone Number:	
Preferred Contact Number:	Mobile Telephone Number <input type="checkbox"/> Home Telephone Number <input type="checkbox"/>
Email Address:	

Religion:	
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### Occupation

Current Occupation:	
Previous Occupation:	
Previously a member of the Armed Forces:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Discharged:	

### Next of Kin (to be used in an emergency)

Full Name	
Contact Telephone Number	
Relationship to Patient	
Is the next of kin a patient at The Heath Surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Carers Information**

Are you a Carer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If they are a patient at The Heath Surgery, please provide their name:		
Does someone Care for you:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If they are a patient at The Heath Surgery, please provide their name:		

**Disability**

Do you have any disabilities:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please state:		

**Mobility**

Do you have any mobility difficulties:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes please state:	Wheelchair User <input type="checkbox"/>	Zimmer Frame User <input type="checkbox"/>	Other Walking Difficulties <input type="checkbox"/>

**Sight and Hearing**

Do you have any hearing difficulties:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state:		
Visual impairment or Registered Blind:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state:		

**Medication**

Current Repeat Medication:	
Current "over the counter" Medication:	

**Clinical Conditions**

Current Medical Problems:

Past Medical Problems:  
(including year)

Other relevant problems:

**Sensitivities and Allergies**

Do you have any allergies:

Yes No 

Please state:

**Measurements - to help us calculate your Body Mass Index (BMI)**

Height:

Weight:

**Females Only**

Smear Test in the last 5 years:

Yes No 

If yes, please provide date:

Current contraception:

Oral Pill Coil Implant Injection **Smoking Status**

A Never Smoked

B Ex-Smoker, please provide quit date:

C Smoker – Would like help to give up

D Smoker – Do Not want help to give up

E Number of Cigarettes Per Day

### Alcohol Consumption

How often do you have a drink containing alcohol:

<input type="checkbox"/> N/A	<input type="checkbox"/> Never	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2-4 times a month	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> 4+ times a week
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Daily alcohol consumption:

<input type="checkbox"/> N/A	<input type="checkbox"/> 1-2 Units	<input type="checkbox"/> 3-4 Units	<input type="checkbox"/> 5-6 Units	<input type="checkbox"/> 7-9 Units	<input type="checkbox"/> 10+ Units
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How often have you had 6 or more units of alcohol if female. Or 8 or more units if male on a single occasion in the past year:

<input type="checkbox"/> N/A	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
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### Exercise

A	Unable to exercise	<input type="checkbox"/>
B	Enjoys light exercise	<input type="checkbox"/>
C	Enjoys moderate exercise	<input type="checkbox"/>
D	Enjoys heavy exercise	<input type="checkbox"/>

### Family History – tell us about your parents/siblings (i.e direct blood relations)

Relation	Serious Illness and Age	Cause of Death and Age

## Ethnicity

The Department of Health now requires us to record the ethnicity and first language of our patients. This is not compulsory but may help with your healthcare, as some health problems are more common in specific communities and knowing your origins may help with the early identification of some of these conditions.

White		
A	British	<input type="checkbox"/>
B	Irish	<input type="checkbox"/>
C	Any other white background	<input type="checkbox"/>
Mixed		
D	White & Black Caribbean	<input type="checkbox"/>
E	White & Black African	<input type="checkbox"/>
F	White & Asian	<input type="checkbox"/>
G	Any other mixed background	<input type="checkbox"/>
Asian or Asian British		
H	Indian	<input type="checkbox"/>
J	Pakistani	<input type="checkbox"/>
K	Bangladeshi	<input type="checkbox"/>
L	Any other Asian background	<input type="checkbox"/>
Black or Black British		
M	Caribbean	<input type="checkbox"/>
N	African	<input type="checkbox"/>
P	Any other black background	<input type="checkbox"/>
Other ethnic groups		
R	Chinese	<input type="checkbox"/>
S	Any other ethnic group (please state)	<input type="checkbox"/>
T	Not Stated	<input type="checkbox"/>

## Language

Is English your first language:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state:	

Thank you for taking the time to complete this questionnaire. Please hand it to one of our Receptionists along with one form of photographic identification and one form of proof of address.  
Your information will be added to your computer health record and will remain confidential.

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# The Heath Surgery

<b>Name of Patient:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>NHS No:</b>
<b>Mobile Phone No:</b>	<b>Email:</b>

## Text Messaging Consent

I would like to receive text messages to the above mobile telephone number from The Heath Surgery and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent, I accept that I must give at least 5 working days' notice in writing, quoting the above mobile number. I will advise the practice if I change my mobile number and understand that a new consent form is required.

I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

**I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise The Heath Surgery to stop sending texts to the telephone number listed.**

Full Name: .....

Signature: ..... Date: .....

## Email Consent

I would like to receive email messages to the above email address from The Heath Surgery and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent, I accept that I must give at least 5 working days' notice in writing, quoting the above email address. I will advise the practice if I change my email address and understand that a new consent form is required.

I am aware that the email is not a secure method of communication and as such full security is not guaranteed.

**I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise The Heath Surgery to stop sending emails to the telephone number listed.**

Full Name: .....

Signature: ..... Date: .....

**ONE FORM PER PATIENT  
CONSENT MUST BE SIGNED BY ACTUAL PATIENT**

**Text messaging and email reminders will not be used for any patient under the age of 16**

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## The Heath Surgery Your Electronic Patient Record & the Sharing of Information - A Patient's Guide

**Please read this leaflet carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make**

Today electronic records are kept in all the places where you receive healthcare. These NHS Care Services 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 is hard to access.

The Heath Surgery uses a computer system called TPP SystemOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as, as a patient at this Practice you have a choice to make about how we share information about your care from your electronic patient record. This should not be confused with the patient Summary Care Record (SCR). This is asking you for your sharing preferences regarding your FULL electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

### The Benefits of sharing your health care record

Patient care can be supported by healthcare staff having faster access to your medical information and you may not be required to repeat information to different NHS staff treating you. For example, healthcare staff who are involved in your care will be able to access your medical history immediately, enabling them to assess the provision of your care better.

### How is my decision recorded?

The Practice computer system has two settings to allow you to control how your medical information is shared:

**Sharing OUT: This controls whether your full GP electronic patient record can be shared with other NHS Care Services (using SystemOne) where you are treated.**

**Please tick your preference:**

Sharing Out      Yes (shared)  No (not shared)

**Sharing IN: This controls whether your GP practice can view information recorded by other NHS Care Services (using SystemOne) where you have received treatment. Please tick your preference:**

Sharing IN      Yes (shared)  No (not shared)

**Patient Name (Please print) .....Signature.....**

**Date of birth ..... Date .....**



The SystemOne enhanced Sharing Model (eDSM) is being utilised at The Heath Surgery . This will allow patients to consent or dissent to sharing information on their record with other services using

### How will The Heath Surgery implement these changes?

- The practice default position is that we do not share out patients’ records without signed consent. Therefore records are not shared with other healthcare providers who use SystemOne.
- All existing signed consent-to-share we hold will automatically be carried over.
- Patients will be asked if they want to share out their information with other healthcare services (who use SystemOne) and if so will be asked to sign the consent form.
- Patients can explicitly request that information is not shared out again by signing the consent form
- Decisions to change from consent to share and back again can be made at any time.
- The Practice default position is that we automatically share in patient records without signed consent. Therefore if you have agreed to share out from a different healthcare provider who use SystemOne, we will automatically see data which has been entered into the patient record from that healthcare provider. This is our default setting to ensure we provide you with the best possible care, based on informed decisions.

### How does this work?

Imagine you are receiving care from 3 different NHS services; your GP, a District Nurse and a Skin specialist. You want your GP and nurse to share information with each other and you want both of them to know your progress at the skin specialist. However you don’t want the skin specialist to see any of your other medical information. Your sharing settings would be:



**The GP can share information IN and OUT**  
**The District Nurse can share IN and OUT**  
**The Skin Specialist can only share information OUT but not IN**

When you are first or next seen at the care service, you will be asked the following questions:

**1. Do you consent to the information that is recorded about you here being made available to other NHS care services that care for you and also use SystemOne?**

**If you answer YES** - Clinicians at other services that care for you and use SystemOne will be able to see the information recorded here. For example, a district nurse that visits you would be able to see the data entered by your GP.

**If you answer NO** - The clinician will be prevented from sharing the information entered here with other services caring for you.

**2. Do you consent to allow this care service to view information about you that has been recorded at other services where you also receive care? (You must have separately consented for information to be 'shared out' of those services).**

**If you answer YES** - This care service will be able to view information recorded on your patient record by other NHS services.

**If you answer NO** - This care service will not see any information recorded at any other NHS service (even if those services have the consent to share information out).

Note: You can still request for individual entries in your patient record to be marked as 'Private'. These will not be visible at any care service other than the one that recorded the information.

### Why is this necessary?

These settings allow you to decide who can see the information on your electronic record. It also allows for joined up care across different NHS settings which gives the best care and service to you.

Note: In some serious situations, for example if you are unconscious, clinicians will be able to access your electronic record without first asking your permission. Use of this is monitored.

These settings apply to any NHS Service using SystemOne where you are currently receiving care. You can also change your sharing preferences at any time - just speak to a member of staff at this care service.

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## The Heath Surgery

# Accessing GP Records Online

### ONLINE ACCESS TO DETAILED CODED GP RECORDS

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information online and contractually from 1<sup>st</sup> April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1<sup>st</sup> April 2016 coded data.

However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity.

### PLEASE NOTE

- **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 practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**

### KEY CONSIDERATIONS

#### 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 to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

#### 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.

#### 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 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

## The Heath Surgery

### Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Detailed coded record	<input type="checkbox"/>
Summary Care Record	<input type="checkbox"/>

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	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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
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#### For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>  Photo ID and proof of residence <input type="checkbox"/>	
Authorised by		Date	
Date account created			
Date passphrase sent			
Level of record access enabled Contractual minimum <input checked="" type="checkbox"/>		Notes / explanation	
Other.....			

## 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.

### Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription.
- collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

- don't get prescriptions very often.
- pick up your medicines from different places.

### How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose:

- a pharmacy.
- a dispensing appliance contractor (if you use one).
- your dispensing GP practice (if you are eligible).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this.

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

Yes you can. 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 dispensing appliance contractor that offers EPS, 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. Dispensers will also see all the items on your reorder slip if you are on repeat prescriptions.

**For more information visit [www.hscic.gov.uk/epspatients](http://www.hscic.gov.uk/epspatients), your pharmacy or GP practice.**

Electronic Prescription  
Service  
Patient Nomination



Patient name .....

Address .....

.....

.....

Telephone Number.....

DOB .....

NHS Number .....

I am the patient named above/carer of the patient named above. Nomination has been explained to me and I have also been offered a leaflet that explains nomination

Name and address of nominated dispenser:

Patient Signature.....

Date.....



## Summary Care Record Patient Consent Form

Please return this form to your GP practice.

Title:	
Full Name:	
Address:	
Postcode:	
Telephone Number:	
Date of Birth	
NHS Number:	

Having read the information below regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

**Yes – I would like a Summary Care Record**

Express consent for medication, allergies and adverse reactions only.

**or**

Express consent for medication, allergies, adverse reactions and additional information.

**No – I would not like a Summary Care Record**

Express dissent for Summary Care Record (opt out).

**What does it mean if I DO NOT have a summary care record?**

Health-care staff treating you may not be aware of your current medications in order to treat you safely and effectively.

Health-care staff treating you may not be made aware of current conditions and/or diagnoses leading to a delay or missed opportunity for correct treatment.

Health-care staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.

If you have any questions, or if you wish to discuss your choices or concerns, please telephone the NHS Care Records Service Information Line on 0845 603 8510.

If you remain unsure about whether or not to have a SCR please contact your practice.

Patient Signature:		Date:	
Actioned by Practice:		Date:	