

HARTLAND SURGERY
NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

Surname: Forename(s):
Date of Birth: Marital status:
Email address: Sex: Male/Female
Address:
..... Postcode:
Home tel: Work tel:
Mobile tel:

Would you like to receive text message appointment reminders? Yes/No
If yes, please sign the consent below:

I consent to receiving appointment confirmations and reminders via text message
Signature Date:

Weight (Approx):
Height:
Ethnicity:
Occupation:
Next of Kin:

ALCOHOL STATUS
Do you drink alcohol? Yes/No
If Yes, how many units per week?

(1/2 pint beer = 1 unit, 175ml glass wine = 2 units, 25ml of spirits = 1 unit)

EXERCISE
Do you take regular exercise? Yes/No
What type?
How many hours per week?

SMOKING STATUS
Do you smoke? Yes/No
If Yes, how many:
Cigarettes per day
Cigars per day
Ounces of tobacco per day
How old were you when you started smoking?
If you do smoke then the advice from the GPs is that you try to give up. If you do want to give up then we can provide you with information to help.

EX-SMOKERS
How old were you when you stopped smoking?
How much did you smoke per day?

PASSIVE SMOKING
Are you exposed to smoke at:
Work? Yes/No
Home? Yes/No

DO YOU HAVE ANY ALLERGIES (please also include allergies to medication):

DO YOU OR HAVE YOU EVER SUFFERED FROM ANY CHRONIC DISEASE OR SERIOUS ILLNESS (please give details ie diabetes, heart problems, etc):

DIET

Do you add salt to your food after cooking? Yes/No
Do you have a varied diet including milk, meat, vegetables and fruit? Yes/No
Has your cholesterol been checked in the last 2 years? Yes/No
Has your blood sugar been checked in the last 2 years: Yes/No

CERVICAL SCREENING (IF APPLICABLE):

Have you ever had a cervical screening test? Yes/No
Do you know the date of your last cervical screening test:

FAMILY HISTORY

Are there any of the following in your family? Please give relationship ie father, mother, brother, sister and please state approximate age if possible:

Heart Disease (heart attacks, angina): Yes/No Which Family Member/Age?
Diabetes: Yes/No Which Family Member/Age?
Stroke: Yes/No Which Family Member/Age?
Cancer: Yes/No Which Family Member/Age? Site of Cancer?

CARERS:

Do you need/have anyone who looks after you or your daily needs as a carer? Yes/No
If 'Yes', would you like them to deal with your health affairs here? Yes/No
Please let us know their name and contact details:

.....

Do you or your carer have any information or communication needs? Yes/No
If 'Yes' how best could we help you to meet those needs?

.....

Do you care for anyone else? Yes/No
If 'Yes', please advise who you care for and we may be able to offer further support:

.....

CURRENT MEDICATION:

Please bring in your repeat list from your previous surgery. If you do not have a repeat list, please bring in your medication boxes.

PATIENT PARTICIPATION GROUP:

Would you like to join our Patient Participation Group? Yes/No
If yes, your details will be passed to our Practice Manager who will contact you.

NHS HEALTHCHECKS

We offer NHS Healthchecks at this Practice for patients between the ages of 40 & 74. If you think you may be eligible, please contact the surgery for further details.

LOCAL SHARED RECORD PROGRAMME

Today, electronic records are kept in all the places where you received 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 is hard to access.

This Practice, uses a unique computer system called SystmOne that allows the sharing of full electronic records across different healthcare services, ie A&E, Out of Hours Doctors, etc.

You can choose to share your electronic record with other care services.

or

You can choose not to share your electronic record with other care services.

SystmOne has two settings to allow you to control how your medical information is shared:-

- **Sharing out** controls whether your information entered at this Practice can be shared with other NHS Services.
- **Sharing In** controls whether information that has been made shareable at other NHS care services can be viewed by this Practice.

Please complete both boxes below as follows:-

Sharing Out

Do you consent to the sharing of data recorded here at this Practice with any other organisations that may care for you?

Yes – Share data with other organisations

or

No – Do not share any data recorded here

Signed: Date:

Print Name: Date of Birth:

Sharing In

Do you consent to the viewing of data by this Practice that is recorded at other care services that may care for you, where you have agreed to make the data shareable?

Yes – Consent Given

or

No – Consent Refused

Signed: Date:

Print Name: Date of Birth:



Your Name:

Date of Birth:

NHS Number (if known):

(Name of Surgery) offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- **any allergies you may have,**
- **unexpected reactions to medications, and**
- **any prescriptions you have recently received.**

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

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- If you are happy for a Summary Care Record to be set up for you then you need take no further action.
 - If you want to opt-out now please tick the box below and return it to Reception as soon as possible.

Please tick the box and sign below if you do not want a Summary Care Record:

No I do not want a Summary Care Record

Signed: _____ Date: _____

Hand this form in at your Surgery if you wish to "Opt-Out"
For more information visit www.nhscarerecords.nhs.uk or call 0300 123 3020.