



New Patient Information Pack

Welcome to the New Springwells Practice

Please find enclosed the following:

- 1.** Registration form (purple)
- 2.** New Patient Health Questionnaire
- 3.** Leaflet, Letter and Opt Out Form for the Summary Care Record.
- 4.** Sharing Patient Record Consent Form
- 5.** Text Message Consent Form
- 6.** Urine Bottle (please bring urine sample back when you have your new patient medical with the nurse)

Please complete the above forms and return to the surgery with your ID (e.g. passport, driving licence or birth certificate).

New Patient Medical

- When all of the above forms are returned to the surgery please book an appointment with reception for your "New Patient Medical", this is required for all patients from 5 years old and above and also applies to under 5 years of age if on medication.
- If you are taking any medication please bring the prescription list from your previous surgery or the boxes of medication themselves along to this appointment.
- We also require a list of your past vaccination history which can be faxed by your previous surgery to us on 01529 240520.

Useful Information

- Visit our website on www.ruralmedical.co.uk
- When you are registered we can provide you with a password for booking online Doctors appointments and ordering medication.
- The text message consent form provided will allow us to send you a reminder text message whenever you book an appointment.
- We ask that you give dispensary 48 hours notice when ordering repeat medication. Their telephone line is open from 10am – 4pm on direct telephone number: 01529 240888.
- There is a patient information file you may find helpful in both the reception and dispensary waiting areas for you to look at.



Family doctor services registration

GMS1



Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Town and country of birth		
Home address				
.....				
.....				
Postcode		Telephone number		

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
.....
.....	Address of previous doctor
.....

If you are from abroad

Your first UK address where registered with a GP

.....

.....

If previously resident in UK, date of leaving	Date you first came to live in UK
.....

If you are returning from the Armed Forces

Address before enlisting

.....

.....

Service or Personnel number	Enlistment date
.....

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient Date _____ / _____ / _____





Family doctor services registration

GMS1

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or
 Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming my agreement to organ/tissue donation

Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website
www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date ____/____/____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
 My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

To be completed by the doctor

Doctors Name

HA Code

- I have accepted this patient for general medical services
 For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval

- I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Practice Stamp

Name

Date ____/____/____

HA use only Patient registered for GMS CHS Dispensing Rural Practice



New Patient Health Questionnaire

This information is Confidential to the Practice and will form part of your Health Record.

1. CONTACT DETAILS

Surname:		
First Names:		
Date of Birth:		
Address:		
Telephone:	Home:	Mobile:
Email Address:		
NHS Number:		
Occupation:		
Ethnic Origin:		

Please circle Yes or No answers:

2. PAST MEDICAL HISTORY

Do you have any of the following?

If so, you will be offered an Annual Assessment / Medication Review as appropriate.

High Blood Pressure	Yes	No
Diabetes	Yes	No
Asthma	Yes	No
Chronic Obstructive Airways Disease (COPD)	Yes	No
Heart Disease	Yes	No
Other, please give details:		

3. Family History Does any member of your family suffer from:

High Blood Pressure	
Diabetes	
Asthma	
Chronic Obstructive Airways Disease (COPD)	
Heart Disease	
Cancer	

4. Ladies Only

When was your last Cervical Smear Test?		
Was your last smear normal?	Yes	No

5. General Health














Do You Have any Allergies?	Yes	No
Do You Take any Regular Medication? Please provide a list of medication from your previous surgery or bring all medication with you on the day of your New Patient Medical with the Nurse. Thank you	Yes	No
Do You Smoke ?	Yes	No
How Many Per Day ?		
Would you like help to stop?	Yes	No
Do you Eat a Healthy Diet?	Yes	No
Do you do Regular Exercise?	Yes	No
What is Your Weight?		
What is Your Height?		

6. Vaccination History

Please provide a list of your vaccine history from your previous surgery. This can be faxed to The New Springwells Practice on 01529 240520.

7. Alcohol Users' Test

Questions	0	1	2	3	4	Your Score
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 standard alcoholic drinks 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.	

1 UNIT	1.5 UNITS	2 UNITS	3 UNITS	9 UNITS	30 UNITS
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%	 Large glass of wine (250ml) 12.5%	Government advises alcohol consumption should not regularly exceed:  Men 3-4 units daily  Women 2-3 units daily	
			 Medium glass of wine (175ml) 12.5%		

Source: ONS, NHS

8. Carers

Do you look after somebody who is frail or ill?	Yes	No
Does someone look after you?	Yes	No

9. Any Other Notes / Comments

Today's Date	
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Sharing Patient Record Consent Form

I have today been given the opportunity to discuss sharing of my patient record and have read and understood the leaflet “Your Electronic Patient Record & The Sharing of Information”.

I understand that the same record is used to store information recorded by different members of the care teams who are currently involved in providing my care, including but not limited to doctors surgeries, district nurses, health visitors, physiotherapist, podiatrists, social care and child health. I understand that I will be asked to give consent by each care team before they are able to access or add to any shared data about me.

SHARE – OUT (Please tick one of the options below)

I WOULD I WOULD NOT

like the information recorded at The New Springwells Practice to be available to be seen by other care teams who are involved in my care where I have granted those care teams access to see my shared data

SHARE – IN (Please tick one of the options below)

I WOULD I WOULD NOT

like the information recorded at other care teams who are involved in my care to be seen by members of the team at The New Springwells Practice, where I have granted those care teams the right to add to my shared data.

Patient Name	
Date of Birth	
Signature	
Date	

OR

Patient Name	
Patient Date of Birth	
Patient Representative Name	
Relationship to Patient	
Signature	
Date	

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.

Introduction

Today, electronic records are kept in all 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 is hard to access.

Your care service, however, uses a unique computer system called SystemOne that allows the sharing of full electronic records across different healthcare care services.



We are telling you about this as you register with a new NHS care service so that you can think about your choices:

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

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

How is my decision recorded?

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

1. Sharing OUT

This controls whether your information entered at this service can be shared with other NHS services (i.e. made sharable).

2. Sharing IN

This controls whether information that has been made sharable at other NHS care services can be viewed by this care service or not (i.e. shared in).

How does this work?

Imagine you're receiving care from 3 different NHS services: your GP, a District Nurse and a smoking clinic. You want your GP and nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However you don't want the smoking clinic 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 smoking clinic can only share information **OUT**
but not **IN**

When you are first or next seen at the care service, you'll 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 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.

Don't Forget

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.



Your clinician should go through this leaflet in detail with you – if you have any additional questions, just ask!



What is SystemOne?

SystemOne is a clinical computer system produced by a company called TPP. It lets NHS staff record patient information securely onto a computer. This information can then be shared with other clinicians so that everyone caring for you is fully informed about your medical history, including medication and allergies.

SystemOne is currently used in GP practices, Child Health services, Community services, Prisons, Hospitals, Urgent Care & Out of Hours services, Palliative care services and many more.

www.tpp-uk.com



Springwells, Billingborough, Sleaford, Lincs. NG34 0QQ
Tel: 01529 240234 Fax: 01529 240520

Dear Patient

Summary Care Record – your emergency care summary

The NHS in 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, healthcare staff treating you will have immediate access to important information about your health.

We are supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record – Please complete an opt-out form and hand it to a member of the practice staff.**

If you need more time to make your choice please let us know.

For more information talk to our PATIENT ADVICE AND LIAISON SERVICE (PALS) on 0845 602 4384, visit the website www.lincolnshire.nhs.uk or www.nhscarerecords.nhs.uk, telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020 or ask a member of the practice staff.

Additional copies of the opt-out form can be collected from reception, printed from the website www.nhscarerecords.nhs.uk or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing us in writing of your wishes.

If you do nothing we will assume that you are happy for us to create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them. If you are the parent or guardian of a child under 16 then you may request to opt them out and we will consider this request. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

The New Springwells Practice

A caring Practice Providing Quality Health Care in Rural Lincolnshire
Dr Jonathan Parry Dr Hermann Keck Dr David Murphy
VAT Reg No 881 6540 06



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 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:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice

FOR NHS USE ONLY

Actioned by practice: yes/no

Date.....

Please take time to read this leaflet.
You need to make a choice.



NHS Summary Care Record

Your emergency
care summary



We (the NHS in England) are introducing a new electronic record called the Summary Care Record (SCR), which will be used to support your emergency care.

Please read this leaflet carefully. It will give you information about the new Summary Care Record – your emergency care summary.



Summary Care Records

Introduction to Summary Care Records

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

We are introducing Summary Care Records to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record it will give healthcare staff faster, easier access to essential information about you, to help provide you with safe treatment when you need care in an emergency or when your GP practice is closed.

We are telling you about this before a Summary Care Record is made for you, so that you have time to think about your choices.

You can choose to have a Summary Care Record:

You do not need to do anything. This will happen automatically. Healthcare staff will ask your permission every time they look at your Summary Care Record.

You can choose not to have a Summary Care Record:

If you don't want a Summary Care Record, you need to let your GP practice know by filling in and returning an opt-out form. See pages 6/7 for more information about this.

About your Summary Care Record

If you decide to have a Summary Care Record it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly.

You may want to add other details about your care to your Summary Care Record. This will only happen if you ask for the information to be included. You should discuss your wishes with the healthcare staff treating you.

How will Summary Care Records help me?

- Healthcare staff will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.
- This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England.
- You will be able to look at your Summary Care Record at any time at a secure website called HealthSpace. You must register to use HealthSpace to keep it as secure as possible. More information about HealthSpace is available at www.healthspace.nhs.uk or from your local NHS.

How will you control who can see my Summary Care Record?

Healthcare staff who can see your Summary Care Record:

- need to be directly involved in caring for you;
- need to have an NHS Smartcard with a chip and passcode (like a bank card and PIN);
- will only see the information they need to do their job; and
- will have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious or in certain circumstances such as a court order, healthcare staff may look at your record without asking you. If they have to do this, they will make a note on your record.

How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure.

We publish the NHS Care Record Guarantee for England. This says how the NHS will collect, store and allow access to your electronic records and your choices for how your information is stored and looked at. If you would like a copy, there is information on how to get one on the back of this leaflet.

No matter how careful we are, there are always risks when information is held on computers as there is when they are held on paper. In every place we treat you there are people responsible for protecting your confidentiality. Ask your local NHS for more information.

What are my choices?

- **You can choose to have a Summary Care Record:**
You do not need to do anything. This will happen automatically.
- **You can choose not to have a Summary Care Record:**
You need to let your GP practice know by filling in and returning an opt-out form.

You can change your mind at any time

- If you choose not to have a Summary Care Record but then change your mind later we can still make one for you. You need to let your GP practice know.
- If you choose after we have made your Summary Care Record that you do not want it, you need to tell your GP practice. We will make sure that healthcare staff who try to look at your Summary Care Record will not be able to. We will only make your record available again if whoever wants to see it asks in writing and investigation has found it necessary.
- You can ask to have your record deleted, but that may not be possible if the record has already been used to give you care.

Children and the Summary Care Record

Children will automatically have a Summary Care Record made for them.

If you **do not** want your child to have a Summary Care Record you will need to fill in an opt-out form on behalf of your child and return it to your child's GP practice. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about.

What do I do now?

If you are happy for us to make a Summary Care Record for you, you do not need to do anything, we will automatically make one for you.

If you do not want us to make a Summary Care Record for you, please fill in an opt-out form and **return it to your GP practice.**

Opt-out forms are available at www.nhscarerecords.nhs.uk/options or your GP practice, or you can ask us to send you one by phoning the Summary Care Record Information Line on **0300 123 3020.**

Where can I get more information?

For more information about Summary Care Records and your choices:

- phone the Summary Care Record Information Line on **0300 123 3020;**
- contact your local Patient Advice and Liaison Service (PALS) www.pals.nhs.uk; or
- visit www.nhscarerecords.nhs.uk.



**You can get a copy of the
'The NHS Care Record
Guarantee for England' or
leaflets in other languages
and formats from our website
at www.nhscarerecords.nhs.uk**

The Summary Care Record
Information Line has translation
and text phone services.





New
Springwells

Text Messaging Consent Form

I would like to receive SMS text messages to my mobile telephone from The New Springwells Practice. This may include confirmation of an appointment or a reminder alert of clinics the surgery are running such as flu clinics.

Should I wish to withdraw consent I accept that I must give at least 5 working days notice in writing quoting the below 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 is generated by a secure system however, they are transmitted over a public network on to a personal telephone and as such are not secure. The practice will not transmit any information that would enable an individual patient to be identified.

The SMS text service should not be solely relied upon, the responsibility of attending appointments or cancelling them still rests with me.

The surgery does not offer a reply facility to enable patients to respond to texts directly.

This service is only available to patients over the age of 16.

I confirm that I understand the above statement and that I am the patient listed below. I understand that it is my responsibility to advise The New Springwells Practice to stop sending texts to the mobile number listed.

Patient Name	
Date of Birth	
Mobile Number	
Signature	
Date	

*The practice does not share mobile phone contact details with any external organisations