**The White House Surgery**

**New Patient Questionnaire.**

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| Personal details |
| **Name:** |  |
| **Date of birth** |  |
| **Place of Birth** |  |
| **Gender** |  |
| **Address including postcode** |  |
| **Home telephone number** |  |
| **Mobile telephone number** |  |
|  | **Text reminder service**The practice is now using a text reminder service for appointments. If we have a mobile number on a patient record, we will text this number with appointment reminders. It is important to keep this number up to date. Patients can use this service to cancel appointments via text. This service also used to invite patients for things such as medication reviews, flu clinics and to gather information such as smoking status. Patients may “opt out” of this service by informing a member of reception. |
| **Email address** |  |
| **Marital Status (please circle)** | Single MarriedLiving with partner DivorcedWidowed |
| **Occupation** |  |
| **Ethnicity:** | Recommendation of the commission for racial equality and complies with the race relations act. This section is not compulsory but may help with your healthcare. Some problems are more common in specific communities and may help with identification of conditions. |
| **White:**BritishIrishOther | **Asian/Asian British:**IndianPakistaniOther | **Black/Black British:**CaribbeanAfricanOther |
| **Mixed (please state)** | **Chinese** | **Other (please state)** |
| **Do you speak English?** | Yes | No (please state if interpreter required & what language) |
| **Do you have any allergies?** | No | Yes (please state) |
| **Do you take any regular medication?** | No | Yes (please ensure you have enough medication from your previous GP to last 2 weeks.  |
| **Are you a carer?** | No | Yes  |
| **Do you have a preferred pharmacy? (State in the box)** |  |  |
| **Would you like your prescriptions sending electronically to the pharmacy?** | Yes | No |

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| --- |
| **Next of kin details** |
| This information will be stored on our clinical system, please ensure you have your next of kins permission for this.  |
| Name: |  |
| Date of birth: |  |
| Address: |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Relationship to patient |  |

**Accessible Information Standard**

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters please let us know.

Do you have any special communication needs e.g., large print, braille?

YES/NO if yes please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Short Health Questionnaire** |
| **Smoking:** |  |
| Which of the following applies to you? | I currently smoke cigarettes or tobaccoI am an ex-smokerI have never smoked |
| If you smoke how many do you smoke a day? |  |
| If you would like to stop smoking you can contact vantage pharmacy on 0114 2398337 |

**Alcohol**

|  |  |  |
| --- | --- | --- |
| Questions | Scoring systems | Your score |
| 0 | 1 | 2 | 3 | 4 |
| How often do you have a drink containing alcohol? | Never | Monthly or 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 | 7-8 | 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 |  |

Half a pint of beer = 1-unit 175ml glass of wine = 2-unit pub measure of spirits = 1 unit

Alcopop or can of larger = 1.5-unit bottle of wine : 9 units

**Zero Tolerance**

The practice fully supports the NHS Zero Tolerance Policy. The aim of this policy is to tackle the increasing problem of violence against staff working in the NHS and ensures that doctors and their staff have a right to care for others without fear of being attacked or abused.

We understand that ill patients do not always act in a reasonable manner and will take this into consideration when trying to deal with a misunderstanding or complaint. We ask you to treat your doctors and their staff courteously and act reasonably.

All incidents will be followed up and you will be sent a formal warning after a second incident or removed from the practice list after a third incident if your behaviour has been unreasonable.

However, aggressive behaviour, be it violent or verbal abusive, will not be tolerated and may result in you being removed from the Practice list and, in extreme cases, the Police will be contacted if an incident is taking place and the patient is posing a threat to staff or other patients.

A good patient-doctor relationship, based on mutual respect and trust, is the cornerstone of good patient care. The removal of patients from our list is an exceptional and rare event and is a last resort in an impaired patient-practice relationship. When trust has irretrievably broken down, it is in the patient’s interest, just as much as that of The Surgery, that they should find a new practice. An exception to this is on immediate removal on the grounds of violence e.g., when the Police are involved.

By signing below, you confirm you understand and agree to the above:

Signed­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient consent form shared care**

**Good data sharing ensures each patient gets the best treatment possible by ensuring that everyone involved in their care can access all the information they need.**

***Sharing out***

Do you consent to the sharing of information recorded here with any other health organisation that may care for you?

YES/NO

***Sharing in***

Do you consent to this organisation viewing information that is recorded by other health organisations that may care for you?

YES/NO

Full name………………………………………

Date of birth……………………………………

Signature…………………………………….

Date………………………………………….

***If you are the parent/guardian signing on behalf of a child, please write your child’s name and date of birth below***

Child’s name……………………………….

DOB……………………………………

**Information for new patients: about your summary care record.**

If you are registered with a GP practice in England, you will have already a summary care record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare professionals and systems. You may need to be treated by health and care professionals who do not know your history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs

Having a summary care record can help by providing healthcare staff treating out with vital information. This will help staff involved in your care make safer decisions about how best to treat you.

**You have a choice**.

You have the choice of that information you would like to share and with whom. Authorised healthcare professionals only can view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below:

**Express consent for medication, allergies, and adverse reactions only.**

**Express consent for medication, allergies, adverse reactions, and additional information.** You wish to share information about medication, allergies, adverse reactions, and other medical information which includes: your illnesses and health problems, operations, vaccinations you have had, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted about you.

**Express dissent for SCR (opt out)**

Select this option if you DO NOT want any information shared with other health care professionals.

If you chose not to complete this consent form, a core summary care record WILL be created for you, which will contain only medications, allergies, and adverse reactions.