

# BUNTINGFORD & PUCKERIDGE MEDICAL PRACTICE

The Medical Centre, White Hart Close, Buntingford SG9 9DQ - Tel: 01763 271362  
The Surgery, Station Road, Puckeridge SG11 1TF - Tel: 01920 823860  
Website: [buntingfordandpuckeridgepractice.co.uk](http://buntingfordandpuckeridgepractice.co.uk)

## NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

### To the Patient:

We understand how important it is to keep your personal information safe and secure and we take this very seriously. We have taken steps to make sure your personal information is looked after in the best possible way and we review this regularly.

Please read our privacy notice ('Privacy Notice') carefully, as it contains important information about how we use the personal and healthcare information we collect on your behalf. This can be found on our website at [www.buntingfordandpuckeridgepractice.co.uk](http://www.buntingfordandpuckeridgepractice.co.uk) or a hard copy can be obtained from Reception.

*To register with the Practice please complete the attached **GMS1 form** and this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. Patients may be asked to attend the practice for an initial consultation and some basic checks.*

**NOTE: Please ensure that, when registering with the surgery, you will need to provide photographic ID and proof of address in order to complete identification checks.**

Mr, Mrs, Miss, Ms, Other .....

Surname: .....Forename(s): .....

Date of Birth: .....Marital status: .....

Address: .....

..... Postcode: .....

Home tel: ..... Mobile: .....

(\*by giving your mobile number you consent to us using it to contact you regarding appointments or services at the surgery - if you do not wish us to use your mobile please tick here ).

**E-mail:\*** .....

(\* by giving your e-mail address you consent to us using it to contact you regarding appointments or services at the surgery - if you do not wish us to use your e-mail address, please tick here ).

Please indicate here, your preferred contact number for the surgery to use to inform you of any possible reviews, appointments or essential information.

**Preferred Contact Number:** Home  Mobile

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## Health Status

Occupation: .....

Weight (approx): ..... Height: .....

Are you a military veteran? (Have you ever served in the armed forces?) Yes  No

## Smoker Status (please tick)

Never Smoked

Ex-Smoker

Smoker

## Exercise

Do you take regular exercise? Yes/No

If yes, what sort of exercise and how many times a week? .....

.....

## Next of Kin

Please provide details of your next of kin:

Name: ..... Date of Birth: .....

Relationship.....

Address: .....

..... Postcode: .....

Telephone (Home): ..... Mobile: .....

## Carers

Do you rely on anyone to assist/care for you or your daily needs? Yes /No

If "Yes", would you like them to discuss health and care needs on your behalf? Yes /No

Please provide the details of your carer:

Name: ..... Date of Birth: .....

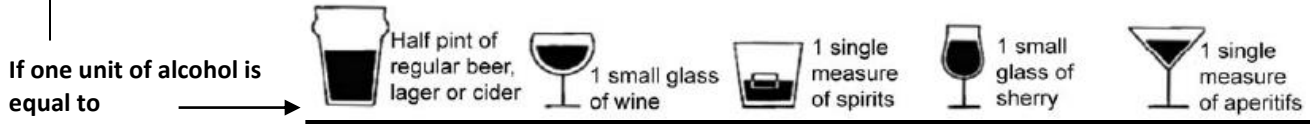
Do you look after an adult or child who is ill, frail, disabled, has mental problems or misuses drugs or alcohol? Yes/No

Please ask at Reception for Information on carers' support.

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## Alcohol Consumption



.... And each of these is more than one unit



How many units of alcohol do you drink per week? .....

For the following questions please circle the answer which best applies  
1 drink = 1/2 pint of beer or one glass of wine or 1 single spirits

**Men: How often do you have EIGHT or more drinks on one occasion?**  
**Women: How often do you have SIX or more drinks on one occasion?**

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

**How often during the last year have you failed to do what was normally expected of you because of drinking?**

Never    Less than monthly    Monthly    Weekly    Daily or Almost Daily

**In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

No    Yes on one occasion    Yes on more than one occasion

## Allergies

**Are you allergic to any substances or foods?**    Yes / No

If yes, please give details below:

.....  
.....

Tick here if you would like to receive an email copy of the Practice Newsletter

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## Electronic Prescriptions

Prescriptions are now signed, sent and processed electronically.

- You will be asked to nominate a pharmacy or dispenser to dispense all your prescriptions. When you are issued with a prescription or repeat prescription, it will be sent electronically to the dispenser you have chosen. You can collect your medicines or appliances without having to hand in a paper prescription.
- If you would like to select a different pharmacy/dispenser, this must be made clear on the prescription request.
- Paper prescriptions will be available in special limited circumstances, but almost all prescriptions will be processed electronically.

Please visit our website for more information: <https://www.buntingfordandpuckeridgepractice.co.uk>

## Repeat Prescriptions

Repeat prescription requests should be requested via the Online Services portal, we will automatically register you for this. **Please allow three working days for your prescription to be processed.** For under 16's requests should be emailed to The Medical Centre at: [admin.buntingfordmc@nhs.net](mailto:admin.buntingfordmc@nhs.net) or The Surgery at [standon.scripts@nhs.net](mailto:standon.scripts@nhs.net)

**Please note we cannot accept prescription requests by phone for medico legal reasons.**

Please indicate where you wish to collect your prescription(s) from:

**Which chemist would you like your prescription sent to:** .....

## Online services

I would like to register to use the following online services (please tick):

- |   |                          |
|---|--------------------------|
| Book and cancel appointments            | <input type="checkbox"/> |
| Request authorised repeat prescriptions | <input type="checkbox"/> |
| Access the summary care record          | <input type="checkbox"/> |

**By using the online services I understand and agree with each statement (tick)**

I have read and understood the information leaflet provided by the practice (page 7)	
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	

Name:	D.O B
Signature:	Date:

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## Ethnicity

**Which of the below best describes your ethnic group (Please circle):**

### White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Any other White background

### Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

### Black or Black British

- African
- Caribbean
- Any other Black, African or Caribbean background

### Other ethnic group

Please State.....

## Your Data Sharing preferences for direct care

You can choose to dissent sharing your information at any time, or you can specify which organisations you wish to share with. This can be done using the Patient Online Services. For more information on what data sharing means please read page 6.

Please specify your sharing preferences by completing below:

I **DO NOT** wish to share my medical record using the MyCareRecord System

I **DO NOT** wish my GP Practice to view my health record from other organisations that care for me

I **DO NOT** wish to share my Summary Care Record

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## Record Sharing for direct care purposes

**My Care Record** is a local record sharing initiative that promotes the safe, transparent sharing of your healthcare records for the purpose of your direct care needs. The My Care Record currently allows the sharing of patient records with local partner organisations. To ensure that those partner organisations comply with the law and to protect the use of your information, we have very robust data sharing agreements and other clear arrangements in place to ensure your data is always protected and used for those intended purposes only.

For more information of the My Care Record initiative and a list of the organisations who have signed data sharing agreements to promote this integrated care model, please follow the link:

<https://www.enhertscg.nhs.uk/mcr>

### Your Summary Care Record and Summary Care Record with Additional Information

Your summary care record is an electronic record held on a national healthcare records database provided and facilitated by NHS Digital. This allows other healthcare professionals who we do not have data sharing agreements with, but who you have a direct care relationship with, to access your electronic record when they are providing you with direct care services. This is particularly helpful if you are visiting another part of the country and require healthcare services.

At a minimum, the SCR holds important information about;

- current medication
- allergies and details of any previous bad reactions to medicines
- the name, address, date of birth and NHS number of the patient

This record may be accessed with your permission by relevant healthcare professionals involved in your direct healthcare. If you do not wish to have your SCR available to be shared, please contact the practice so we can update your records. <https://digital.nhs.uk/summary-care-records>

### Summary Care Record with Additional information

The inclusion of additional information on a SCR is particularly useful for people with complex or long term conditions. Due to the sensitivity of more detailed information being accessible on your SCR, you will be asked for your permission to allow additional information to be added to, and accessible on, your SCR.

### Office Use Only

<b>By Who? (initials)</b>	<b>Method</b>
<b>Date:</b>	Vouching <input type="checkbox"/>
	Vouching with information in record <input type="checkbox"/>
	State Photo ID Seen.....
	State Proof of address seen.....
<b>Sharing preferences updated?</b>	
<b>Online User account created?</b>	
<b>Nominated Pharmacy updated?</b>	

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## **INFORMATION LEAFLET – HOW TO USE ONLINE SERVICES**

To use the online service to book and cancel appointments and request repeat prescriptions and view the summary care record, please complete and return the 'Request to Use online services form'.

The surgery will create a username and password.

Go to our website [www.buntingfordandpuckeridgepractice.co.uk](http://www.buntingfordandpuckeridgepractice.co.uk).

Go to "Appointments" or "Prescriptions" and click on the link.

Enter your username and password.

### **To book an appointment – select "book appointment".**

- A list of the days that appointments are available for each individual doctor will be displayed.
- Select "view available appointments" for the date and doctor chosen and a list of the times available will be displayed.
- Select a time and press "book" and on the next screen "book appointment"

Your appointment has been booked.

### **To cancel an appointment – select "view future appointments".**

- All future appointments will be displayed.
- Select the appropriate appointment and press "cancel appointment".
- On the next screen select "cancel this appointment".

### **Repeat Medication requests – select "current prescriptions".**

You will see the list of medication which is usually on the side slip of your prescription.

- If your medication is due for ordering a tick box will appear on the left hand side, click for the items you require and "request medication".
- If your medication is not due to be ordered yet (i.e. more than 7 days early) a comment will be shown in the status box. If you require it early please quote the drug and a short explanation in the "request notes".
- If it is time for the doctor to review you medication, a note will be shown in the status box. Please make an appointment for a Medication Review with a clinician then make a note in the "medication request notes" stating the appointment date and time that you have booked and allow an additional day for processing.
- If the medication you require is not shown please telephone the surgery.

Messages may appear in the status box informing you of actions required if your medication is to be reissued e.g. "please make an appointment for your BP to be checked".

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## Record Sharing for RESEARCH purposes

### Choose if data from your Health Record is shared for research purposes

Your health records contain a type of data called confidential patient information. This data can be used to help with research and planning.

The national data opt-out was introduced on 25 May 2018, enabling patients to opt out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.

You can choose to stop your confidential patient information being used for research and planning, this has to be done online by the patient or their representative.

Patients can view or change their national data opt-out choice at any time by using the online service at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or by calling **0300 3035678**.