

**ONE FORM PER PERSON – ages 5+ PLUS COMPLETE GMS1**

Please complete all the form in **BLOCK CAPITALS/tick relevant boxes** (this will take approx. 15 mins)

WELCOME

You will be allocated a named and accountable GP; however, it is a multi-disciplinary team who work together to provide care for our patients – please see the Practice Leaflet which is available on our website, or ask for a copy at the front desk. At the GPs instruction, you will be asked for a brief reason for requesting an appointment so we can navigate your enquiry appropriately.

For e-Consult, support and news please access the Practice website: www.cowesmedicalcentre.co.uk or our Facebook site: <https://www.facebook.com/CowesMedicalCentreIOW>

^Full Name				^Date of Birth	
^Email					
^Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Other	
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani		
^Religion	<input type="checkbox"/> C of E	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion	
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other	
	<input type="checkbox"/> Other Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jehovah's Witness		

Next of Kin (emergency contact)	Name:	Tel:	Relationship:
	Address:		
Who else lives with you, at your home address?			
Name & Relationship (husband, child, friend):			

Do you have a Living Will/Advanced Direction? No Yes - please provide a copy for our records

Parental Responsibility:

If you have completed this form for a child aged between 5 and 14, please detail below the full name(s) of who has parental responsibility for this child.

CURRENT HEALTH CONCERNS?

^Do you have any current health concerns you would like to speak to someone about?

COMMUNICATION NEEDS

^Language	Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	What is your main spoken language? _____			
	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
^Communication	Do you have any communication needs? <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No			
	<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Large print	<input type="checkbox"/> British sign language	<input type="checkbox"/> Guide dog
	<input type="checkbox"/> Lip reading	<input type="checkbox"/> Braille	<input type="checkbox"/> Makaton sign language	



^Text (SMS) Messaging

For patients aged 18 or above, we may send texts to remind you of appointments, your care, or clinical advice. Please note that appointments/reminders may not be sent on all occasions, but that the responsibility for attending appointments or cancelling them still rests with the patient. You can cancel the text message facility at any time. Text messages are generated using a secure facility, but these are transmitted over a public network onto a personal telephone and as such may not be secure. The Practice will do our best to anonymise the information transmitted as much as possible, whilst still making the message meaningful. If you would rather we did not contact you in this way please indicate below.

I DO NOT consent to Text Messaging

^Online Services & Email

To book, cancel and view appointments or order prescriptions online you can use **NHS App**, or we will register you for Online Services, both require proof of address and photographic identification. This facility is available 24 hours a day, seven days a week. I DO NOT consent to online services

We will automatically opt you in to receiving emails from the Practice. I DO NOT consent to emails

^Patient Participation

The practice is committed to improving the services provided to our patients. To do this, it is vital we hear from people about their experiences, views and ideas for making services better. If you would prefer not to receive information or questionnaires simply tick the box.

I DO NOT consent to receiving patient feedback surveys and information.

CARER DETAILS – do you look after someone who could not manage without you?

^Are you a carer?	<input type="checkbox"/> Yes – Informal/Unpaid Carer eg friend, neighbour, or relative
	<input type="checkbox"/> Yes – Occupational/Paid Carer
	<input type="checkbox"/> No

^Do you <u>have</u> a carer?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes - please provide their details below & let them know you have shared this	
	Carer's Name:	Relationship to you:
	Carer's Address:	Carer's Tel:

^Do you have Power of Attorney for health in place?	<input type="checkbox"/> Yes – please provide a copy of this document
	<input type="checkbox"/> No

YOUR MEDICAL HISTORY

Please tick if you have any of the following conditions (tick all that apply) or tick Not Applicable

<input type="checkbox"/> Asthma*	<input type="checkbox"/> Diabetes*	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> HIV	<input type="checkbox"/> Stroke
<input type="checkbox"/> COPD*	<input type="checkbox"/> Pre-Diabetic	<input type="checkbox"/> Heart Disease/Failure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Underactive
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> MRSA	<input type="checkbox"/> Thyroid

*We will usually do an annual review around your birthday month.

Family Medical History

Please record any significant family history of close relatives (mother, father, brother, sister, grandparent) with medical details eg heart attacks, stroke, diabetes, high blood pressure, asthma, glaucoma, cancer, liver or kidney disease.

Eg: Father – diabetes | Mother – breast cancer



Allergies	Do you have any significant allergies to medication, or an allergy that requires medication such as an epi pen? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify below)
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MEDICATION

Current Medication	Are you currently taking any repeat medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If yes, it is important that we have your repeat medication list (repeat side).</p> <p>A medication review may be necessary before we can issue any repeat medication. Some medicines need regular blood tests to ensure that it is safe to continue using them. If you are taking Warfarin or medicines for an organ transplant, or have been told by your last doctor that you are due a blood test soon after joining us, please inform a Patient Adviser so that we can ensure that this happens at the correct time.</p>

Prescriptions are sent to chemists via the Electronic Prescribing Service (EPS). This is an NHS service that enables your prescription to be sent directly to your chosen chemist.	<input type="checkbox"/> Boots Cowes <input type="checkbox"/> Day Lewis Cowes <input type="checkbox"/> Sainsbury's Newport <input type="checkbox"/> Other: _____
^Which chemist would you like your prescriptions sent to?	

Note: Pharmacy2U is not a local service, it is mail order/online only

WELLBEING

Your height:	Your weight:
Your blood pressure (for patients over 16) if you are able to: (There is a health monitor in our Waiting Room, or please use a home monitor)	
(For Patients over 16 years old)	<input type="checkbox"/> Never smoked <input type="checkbox"/> Ex-smoker (including e-cigarettes When did you stop smoking? _____
	<input type="checkbox"/> Yes What do you smoke (circle those that apply): Cigarettes pipe cigars e-cigarettes
If you smoke, how many do you smoke a day?	<input type="checkbox"/> Less than one <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40+
If you smoke a pipe, how many ounces a week do you smoke?	
For help to stop smoking see page 9 or visit www.nhs.uk/smokefree	

Patients over 16 years old	Level of Exercise	How often
^Do you exercise? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> No Exercise (sedentary)	
	<input type="checkbox"/> Gentle Exercise (climbs stairs, walking, gardening)	
	<input type="checkbox"/> Moderate Exercise (regular running, cycling, swimming)	
	<input type="checkbox"/> Vigorous Exercise (attends gym regularly)	

The NHS also offers a range of health checks that are specific to the age of the individual. Patients aged 40-74 without any on-going long term health conditions are eligible for a NHS Health Check, every 5 years. This includes a cholesterol check and assessing risks of developing heart disease, type 2 diabetes, kidney disease & stroke. Eligible patients will be contacted automatically.

Patients over 75 are eligible for a wellbeing check with the offer of support from our Wellbeing team - please tick the box if you are over 75 and would like a health check



Alcohol Questions: for over 18's only

1 Unit	Half a pint of regular beer, lager or cider Small glass of wine Single measure of spirits
1.5 Units	330ml bottle or can of 4.5% alcopop or lager
2 Units	Pint of 3.5% beer, lager or cider Medium (175ml) glass of 11% wine 500ml can of 4% lager or strong beer

3 Units	Pint of 5% beer, lager or cider
4 Units	500ml can of 8% lager
9 Units	Bottle of 12% wine

If you do not drink alcohol at all please 'tick' the appropriate answer	<input type="checkbox"/> I have never drunk alcohol	<input type="checkbox"/>
	<input type="checkbox"/> I am a non-drinker currently	<input type="checkbox"/>

Write the score for each answer in the 'Score' column	0	1	2	3	4	Score	
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? (see above chart)	1-2	3-4	5-6	7-9	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		
How often during the last year have you found that you were not able to stop drinking once you had started?	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 from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you had a feeling of guilt or remorse after drinking?	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		
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in last year		Daily or almost daily		
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in last year		Daily or almost daily		
A score of less than 5 indicates lower risk drinking.						TOTAL	

During the past month, have you been bothered by feeling down, depressed or hopeless?	Yes/No
During the past month, have you often been bothered by little interest or pleasure in doing things?	Yes/No

If you answered 'Yes' you may wish to discuss this further with our Wellbeing Team. We also recommend reviewing the advice on page 8 and: <http://www.patient.co.uk/health/depression-leaflet>



Data Sharing – Your Data Matters – Please read in full

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or where the law required information to be passed on. Please see the Practice Privacy Notice for further information.

Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent prescribing of medication to which you may already have an allergy
- Make more informed prescribing decisions about drugs and dosages
- Avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises

TPP – SystemOne (Clinical Record System)

The practice uses a clinical computer system called SystemOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and other regulated healthcare professionals. This means your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history including medication and allergies. You can control how your medical information is shared with other organisations that use this system.

1. Sharing Out: This controls whether your information stored in the practice can be shared with other NHS services.

2. Sharing In: This controls whether information at other NHS care services can be viewed by us, your GP practice, or not.

It is important to note that only SystemOne organisations where you have a direct care relationship can access your record.

Summary Care Record (SCR)

The NHS in England has introduced the Summary Care Record. This record will contain information including your name, address, date of birth and your unique NHS Number to help identify you correctly. It will also include 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. If you and your GP decide to include more information it can be added, but only with your express permission.

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. For more information Phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk

If you do nothing we will assume that you are happy with the above and we will create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. 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.

**Care and Health Information Exchange**

The Care and Health Information Exchange (CHIE) is a secure system which shares health and social care information from GP surgeries, hospitals, community and mental health, social services and others. CHIE helps professionals across Hampshire, the Isle of Wight and surrounding areas provide safer and faster treatment for you and your family by:

- Ensuring that you only have to tell your story once.
- Reducing delays to your treatment. For example, by reducing the need to repeat blood tests
- Making sure the doctors, nurses and others involved in your care know about your medical history
- Identifying diseases that you might be at increased risk of developing in the future. This can help you take action early to protect your health

To protect your privacy and confidentiality, only health and social care professionals who are involved in your care are allowed access to your record and can identify you from it. Your information is also used to improve future care for you, your family and for other patients. This helps plan NHS services and supports medical research.

To keep your information safe it is moved to a separate database called 'Care and Health Information Analytics' (CHIA) and changed so that it cannot be used to identify you. Your data is never shared for the benefit of commercial companies like drug manufacturers. People who analyse data on CHIA do not have access to CHIE, so cannot identify you. For more information please see www.careandhealthinformationexchange.org.uk/

National Data

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you received in one area against the care you received in another. Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times. This data can also be used, with permission, for research purposes.

For more information, or if you do not wish for you data to be used in this way please visit: www.nhs.uk/your-nhs-data-matters/

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

<input type="checkbox"/>	Tick box if registering & signing on behalf of the patient
Print Name:	

Date:

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Data Sharing Consent Choices – Opt-out Form

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it.

If you are happy for your data to be shared, you don't need to complete this Opt-out Form.

However, you have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not wish for information that identifies you to be shared outside this Practice, please complete this form. This will prevent your confidential information being used other than where necessary by law.

Objecting on behalf of others

If you are a Carer and have a Lasting Power of Attorney for health and welfare, then you can object on behalf of the patient who lacks capacity. If you do not hold a Lasting Power of Attorney, then you can raise your specific concerns with the patient's GP. If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

Medical System (TPP SystemOne)

- I do not agree to information about me being shared with other services using TPP medical system (Sharing out)
- I do not agree to the practice seeing information recorded at other services using TPP systems (Sharing in)

Summary Care Record

- I do not wish to have a Summary Care Record

Care and Health Information Exchange (CHIE)

If you wish to opt out of CHIE, the Practice cannot opt out for you - please complete the relevant form available from www.careandhealthinformationexchange.org.uk/find-out-more/

National Data

Your data may sometimes be used for research and planning to improve healthcare services. The practice cannot opt out for you. For more information, or if you do not wish for your data to be used in this way, please visit www.nhs.uk/your-nhs-data-matters/

Patient's Details – if you are Opting-Out

Signature		Dated	
Name		Date of Birth	

Your details if you are Opting-Out on behalf of another person or a child

Your Name (if not patient)			
Relationship to patient			
Your Signature		Dated	



Would you like to cut down, control or stop your drinking completely?

You may benefit from help if:

- you often feel the need to have a drink
- you get into trouble because of your drinking
- other people warn you about how much you're drinking
- you think your drinking is causing you problems

If you have become dependent on alcohol, you will have found it difficult to fully control your drinking in some way. Getting the right support to cut down or stop can be crucial to maintaining control in the future and relying on family, friends, or carers for this often is not enough.

There are support groups and alcohol counselling to help you.

<p>INCLUSION Open: Mon-Fri 8am - 6pm</p> <p>You can contact Inclusion directly or be referred via another agency</p> <p>Tel: 01983 526 654 Buccleuch House, 102 Carisbrooke Rd, Newport, PO30 1DB</p>	<p>Inclusion supports Island residents and offers:</p> <ul style="list-style-type: none"> • Comprehensive drug and alcohol assessments • Information and advice on harm reduction • Needle exchange • Hepatitis B and C testing and Hepatitis B vaccinations • Care planning • Substitute prescribing • Clinics • Psychosocial interventions aimed at reducing harm and facilitating change • Specialist community alcohol detoxification • Referral to other support services • Support and information for families and carers affected by someone else's drug or alcohol use
<p>DRINKLINE Call 0300 123 1110 Mon-Fri/ 9am -8pm, Sat-Sun/ 11am-4pm</p>	<p>A national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence.</p>
<p>National Association for Children of Alcoholics (NACOA) Call 0800 358 3456</p>	<p>A confidential national helpline for children of alcohol-dependent parents and others concerned about their welfare. Open: Monday-Saturday 12pm to 7pm</p>
<p>Alcoholics Anonymous (AA) Call 0800 9177 650 or help@aamail.org</p>	<p>A free national self-help group. A "12 step" programme that involves getting sober with the help of regular support groups. Online chat live: www.alcoholics-anonymous.org.uk</p>
<p>Al-Anon Family Groups Call 0800 0086 811</p>	<p>National support and understanding to the families and friends of problem drinkers, whether they're still drinking or not. www.al-anonuk.org.uk</p>



Tips and Resources to help you Quit Smoking

Write a list	Of the reasons why you want to stop and keep them with you.
Set a date for stopping, and stop completely	Some people prefer the idea of cutting down gradually. However, research has shown that if you smoke less cigarettes than usual, you are likely to smoke more of each cigarette, and nicotine levels remain nearly the same. Therefore, it is usually best to stop once and for all from a set date.
Tell everyone that you are giving up smoking	Friends and family often give support and may help you. Smoking by others in the household makes giving up harder. If appropriate, try to get other household members who smoke, or friends who smoke, to stop smoking at the same time. A 'team' effort may be easier than going it alone.
Get rid	Of ashtrays, lighters, and all cigarettes.
Take one day at a time	Mark off each successful day on a calendar. Look at it when you feel tempted to smoke and tell yourself that you don't want to start all over again.
Be aware of situations in which you are most likely to want to smoke	In particular, drinking alcohol is often associated with failing in an attempt to stop smoking. You should consider not drinking much alcohol in the first few weeks after stopping smoking. Try changing your routine for the first few weeks. For example, don't go to the pub for a while if that is a tempting place to smoke and drink alcohol. Also, if drinking tea and coffee are difficult times, try drinking mainly fruit juice and plenty of water instead.
Be positive	You can tell people that you don't smoke. You will smell better. After a few weeks you should feel better, taste your food more, and cough less. You will have more money. Perhaps put away the money you would have spent on cigarettes for treats.
NHS Stop Smoking Clinics	They have a good success in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking but are finding it difficult to do so.
Medicines can increase your chance of quitting	These include Nicotine Replacement Therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges, and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name 'Zyban') and Varenicline (trade name 'Champix') can help. These are available on prescription if appropriate
Food	Some people worry about gaining weight when they give up smoking as the appetite may improve. Anticipate an increase in appetite and try not to increase fatty or sugary foods as snacks. Try sugar-free gum and fruit instead.
Be prepared for some withdrawal symptoms	When you stop smoking, you are likely to get symptoms which may include nausea (feeling sick), headaches, anxiety, irritability, craving, and just feeling awful. These symptoms are caused by the lack of nicotine that your body has been used to. They tend to peak after 12-24 hours, and then gradually ease over 2-4 weeks.
Anticipate a cough	It is normal for a 'smokers cough' to get worse when you stop smoking (as the airways 'come back to life'). Many people say that this makes them feel worse for a while after stopping smoking and makes them tempted to restart smoking. Resist this temptation! The cough usually gradually eases.

Support

Quit: a charity that helps people to stop smoking: www.quit.org.uk

NHS Smokefree: help and advice on stopping smoking: 0300 123 1044 | www.smokefree.nhs.uk

Don't despair if you don't succeed this time you can try again.

- Examine the reasons why you felt it was more difficult at that particular time.
- It will make you stronger next time.
- On average, people who eventually stop smoking have made 3 or 4 previous attempts.