

NUNWELL SURGERY

10 Pump Street Bromyard Herefordshire HR7 4BZ

Tel: 01885 483412

Partners: Dr L J Mottram, Dr A M Garner, Dr H Deer, Dr J Goodman, Dr R Walthew

Practice Managers: Vanessa Hargest & Penny Sheers

CARERS

Are you a carer? (Please circle) Yes / No

Name of person you care for:

Their date of birth:

Their relationship to you:

Brief Description of their health condition:

Please ask reception for an information for Caretrust4all.

SMOKING STATUS

Current smoker?

Ex smoker?

Never smoked Tobacco

ALCOHOL SCREENING –

Enter the total value below

How often do you have a drink containing alcohol?

0 points = Never

1 point = Monthly or less

2 points = 2-4 times per month

3 points = 2-3 times per week

4 points = 4+ times per week

How many units of alcohol do you drink on a typical day when you are drinking?

0 points = 1-2 drinks

1 point = 3-4 drinks

2 points = 5-6 drinks

3 points = 7-9 drinks

4 points = 10+ drinks

How often do you have 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

0 points = Never

1 point = Less than monthly

2 points = Monthly

3 points = Weekly

4 points = Daily or almost daily

Total /12

If score more than 5 please book an appointment to see HCA

Anticoagulation/Warfarin

Do you currently take any anticoagulation medication? If so, what medication do you take?

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SHARING YOUR DATA

Summary Care Record

Would you like a Summary Care Record? This will allow health-care staff to access limited information when caring for you in an Emergency.

I consent to a summary care record

I do not want a summary care record

If you would like more information to assist your decision, please collect a leaflet from Reception.

Nunwell Surgery – Fair Processing and Privacy Notice

The practice handles medical records in-line with laws on data protection and confidentiality. We share medical records with those who are involved in providing you with care and treatment and in some circumstances for medical research. We also share information when the law requires us to do so.

You have rights with regard to your medical record, for example to have access to it, to object to information held within it, to object to it being shared for direct care or for research or planning.

If you would like more information about how we share information, how to opt-out of sharing or if you would like to view the full privacy notice, please ask at reception. A summary of the privacy notice is on display in the waiting room.

The information on this form helps us to provide you with a full and effective primary medical service and we thank you for completing it. Welcome to Nunwell Surgery, we are pleased to have you as a patient at our practice. You will be invited for a new patient check in order that we can meet you personally and ensure we have the information you need. **If you are due for a repeat prescription now, please ask your previous Surgery to send this electronically to Bromyard Pharmacy. Please allow 7 days from your first prescription request at our Surgery before collection.**

Patient Signature: _____

Date: _____

Staff use only (for Reception use):

Privacy notice given to patient

Identity Checked _____
(Record method & Initial) _____

Informed Named GP: Initials of GP:

New patient check:

Offered Booked Declined

DMS Patient: Veteran letter given

Applying as Out Of Area Patient? (please circle): Yes / No

Staff use only: Admin coding & checks for Reception template:

- Registration (Demographics, Communication, Armed Forces, Carers, Smoking & Alcohol, Allocated AND informed Named GP, Identity Verified, Anticoagulants)
- Invites (New Patient Check)
- Data Sharing (Summary Care Record and Online Access)

Out Of Area Patients Only:

Records checked

Clinically Appropriate (please circle) Yes / No

Signature: _____ Date: _____

“OUT OF AREA REG” added to the registration page GP NOTES

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APPLICATION FOR ACCESS TO MY ONLINE SERVICES

This application is for patients aged 11+ wishing to have access to their online services. If you require Proxy Access, please ask for the correct application form from our Reception team.

For patients aged 11-12, a GP will need to discuss access with them before this can be authorised.

Surname		Date of Birth	
First Name			
Address		Postcode:	
Email Address			
Telephone Number		Mobile Number	

I wish to access to the following online services:

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Patient Demographics	<input type="checkbox"/>
Full detailed medical records starting from the date of Registration	<input type="checkbox"/>

I have read and understood the information leaflet provided by the Practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible	<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the Practice as soon as possible	<input type="checkbox"/>

Signature:		Date:	
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For practice use only

Patient NHS No:		EMIS No:	
Identity verified by:		Date:	
Method:	<input type="checkbox"/> Photo ID or Proof of Residence <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with Information in Record		
Authorised by:			
Date Account Created:			
Level of Record Access Authorised and Enabled:	<input type="checkbox"/> Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Demographics <input type="checkbox"/> ENTIRE CODED RECORD from date of registration including documents		
Actioned by		Date	