

**NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE**

**To the Patient:**

*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 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: .....

Email address: .....

Occupation: .....

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

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

Date of completion of this form: .....

Please indicate here if you are agree to the surgery using your mobile number for text messaging for reviews, appointments and essential information. Yes / No

**Carers**

Do you rely on anyone to assist/care for you or your daily needs as Carer? 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

### Next of Kin

Please provide details of your next of kin

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

Relationship.....

Address: .....

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

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

### Smoker Status (please tick)

Never Smoked

Ex Smoker

Smoker

### Alcohol consumption

If one unit of alcohol is equal to



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

.... 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

**EXERCISE**

Do you take regular exercise?    Yes / No

If yes, what sort of exercise? .....

How many times per week? .....

**FAMILY HISTORY**

Is there any of the following in your family (*father, mother, brother, sister*) before age of 65?

Heart Disease (heart attacks, angina)      Yes / No    Which family member? .....

Stroke? Yes / No Which family member? .....  
Cancer? Yes / No Which family member? .....  
Site of cancer? .....

**MEDICATION**

Please give details of any medication which you take (prescribed or otherwise):  
(Note, any patient on repeat medication will need to make an appointment with a doctor **before** further issues will be authorised)

Name of drug: ..... Dosage: .....  
Name of drug: ..... Dosage: .....  
Name of drug: ..... Dosage: .....  
Name of drug: ..... Dosage: .....  
Name of drug: ..... Dosage: .....  
Name of drug: ..... Dosage: .....

**ALLERGIES**

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

If yes, please give details:  
.....  
.....

**PAST MEDICAL HISTORY**

Please give details of any hospital treatment as an in-patient:  
.....

Please give details of any treatment for any chronic medical conditions:  
.....

Please give dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound:  
.....

**IMMUNISATIONS (please also complete for children)**

Dates of Triple/polio/HIB: .....

Dates of MMR: .....

Date of last Tetanus: .....

Other (please specify): .....

**FEMALE PATIENTS**

Date of most recent cervical smear: .....

Result of most recent smear: .....

Please give details of any complications in pregnancy:

.....

**General**

Are there any other issues which cause you concern or would you like advice on any other health problems? Please give details below:

.....

.....

**REPEAT PRESCRIPTIONS**

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

Surgery

Chemist ..... (state name)

***Thank you for completing this questionnaire. A doctor will assess the information provided and you may be invited for an initial examination, discussion about your health, and general check in due course.***

### **IMPORTANT NOTE**

NHS organisations share information about the care you receive with those who plan health and social care services, as well as with approved researchers and organisations outside the NHS, if this will benefit patient care.

For more information, please see the practice website: [buntingfordandpuckeridgepractice.co.uk](http://buntingfordandpuckeridgepractice.co.uk) and look under the sections **Summary Care Record** and **Care Data** on the right hand side of the screen.

Would you like to decline updating your records to the summary care record?

Would you like to decline updating your records to Care.data?

**REQUEST TO USE ONLINE SERVICES**

Please complete **one form per patient** and return to the surgery along with photographic proof of identity, for example a driving licence or passport.

**Please note, patients under the age of 16 cannot be granted online access.**

**If you are over the age of 16 and would like to grant proxy access to another person, please contact the surgery for an alternative form**

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

Book and cancel appointments

Request authorised repeat prescriptions

Access the summary care record

Access detailed (coded) health record

*(Please see information and further declaration overleaf)*

Name: \_\_\_\_\_ DoB: \_\_\_\_\_  
Address: .....  
.....

Telephone Numbers: **(please indicate which is your preferred number to contact you by).**

Home: .....

Mobile:\* .....

Work: .....

(\*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 ).

**Signature: (\*\*\*)** ..... **Date:** .....

(\*\*\* The practice does not provide online access to children under the age of 16. All patients over 16 years of age must sign for themselves).

**REPEAT PRESCRIPTIONS**

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

Buntingford Surgery       Puckeridge Surgery       Chemist ..... (state name)

---

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. 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"/>
Signature:	Date:

**For practice use only**

Patient NHS number NHS Number		Practice computer ID number EMIS Number	
<u>Identity verified by:</u> (initials)	<u>Date:</u>	<u>Method</u>	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by:		Date	
Level of record access enabled  Contractual minimum <input checked="" type="checkbox"/> Other: .....		Notes / explanation	

Username & Password given       Instruction leaflet given       ID Recorded   
 Read code "online" added       On Repeats? Nominated pharmacy update



## **INFORMATION LEAFLET – REQUEST 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.buntingfordandpuckeridgesurgery.co.uk](http://www.buntingfordandpuckeridgesurgery.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".

## Accessing GP Records Online

### Patient Information Leaflet

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information online and contractually from 1<sup>st</sup> April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1<sup>st</sup> April 2016 coded data.

However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity. Please note applications for access will be dealt with as routine, therefore access may not be available immediately.

#### Please note:

- **It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.**
- **If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.**
- **If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.**

*The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.*

#### More information

For more information about keeping your healthcare records safe and secure, you will find a helpful

#### **Key considerations**

##### **Forgotten history**

There may be something you have forgotten about in your record that you might find upsetting.

##### **Abnormal results or bad news**

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

##### **Choosing to share your information with someone**

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

##### **Coercion**

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

##### **Misunderstood information**

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

##### **Information about someone else**

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

# 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)