

RICHMOND MEDICAL CENTRE

New Patient Questionnaire

Please complete this confidential questionnaire so that we have accurate information relevant to your health care.

Please note that you will need to deliver this to the practice in person as we will need an accurate measurement of your Blood Pressure, Height and Weight.

To be completed by practice staff ONLY

Proof of Address seen:

Identification Seen:

Date completed:

BP, Height & Weight recorded: Yes No

Surname: Forenames:

Mr Mrs Ms Miss Master Other

Married Single Divorced Widowed With partner

'Phone Home: Address:

Work:

Mobile:

Date of birth: Email:

Would you like to sign up for Online Repeats Yes No

Which pharmacy would you like to collect prescriptions from?

Occupation:

Live with:

Main language:

Next of kin:

Relationship:

Contact Number:

SUMMARY CARE RECORD

Are you happy to have basic details from your medical record uploaded onto the National NHS database so that NHS healthcare professionals in other parts of the country can access them should the need arise?

(Please see back sheet for further info)

Yes No * if no please complete an opt out form

Are you a Carer? Yes No

Do you have a Carer? Yes No

If either of the above are true, please state who / for whom:.....

Country of origin: Date arrived in UK:

Refugee: Yes No Asylum Seeker: Yes No

Do you require an interpreter when you see the doctor/nurse? Yes No

If yes, please state in which language:

PAST MEDICAL HISTORY with dates of onset (including any operations with dates and significant medical problems e.g. asthma, back pain, prolonged illnesses)

Date of onset	Illness/operation

FAMILY HISTORY: (grandparents, parents, brothers, sisters), strokes, heart disease, high blood pressure, diabetes, asthma, thyroid disorders, epilepsy, mental illness, cancer. Age of onset if known

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Please complete the relevant sections below. Please note that this questionnaire is treated in the strictest of confidence.

MEDICATION TAKEN (Please include prescribed and non-prescribed medication including over-the-counter drugs, alternative remedies and recreational substances, with doses and frequency.)

Name of Medication	Dose	How often
Please attach repeat order form from your previous GP		

PLEASE NOTE that for all new patients the doctors need to assess ALL previously prescribed medication before we can prescribe. Also, when consultants, both NHS and private, prescribe new or altered medication we may also need to review these.

We try to deliver the best possible service to all our patients by following local and national guidelines in order to provide the most evidence based care to all our patients. In some cases where previous prescriptions do not follow current guidelines these may need to be changed or stopped.

LIFESTYLE

Diet: Healthy Mixed Junk

Weight:

Exercise (what and how much)

Height:

Inactive Gentle Moderate Vigorous

FEMALES

How many pregnancies have you had?

How many children do you have?

When was your last smear test?

What was the result?

Are you Pregnant?

COMMUNICATION / INFORMATION NEEDS

Do you have any communication / information needs relating to a disability or sensory loss

No Yes Please state

ALLERGIES (drugs and non-drugs)

No Yes Please state which drug + reaction to it

SOCIAL ISSUES e.g. homeless, asylum seeker, benefit status & exemptions etc.

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ETHNICITY

In order to help provide the best possible care for patients with specific needs, our local Primary Care Trust has asked us to obtain details of your ethnicity. This information is entirely confidential. If you would prefer not to give it, please indicate below.

British White	
Irish White	
Other White	
Mixed Race: White & Black Caribbean	
White & Black African	
White & Asian	
Other Mixed Race	
Indian	
Pakistani	
Bangladeshi	

Other Asian	
Sri Lankan	
Korean	
Black Caribbean	
Black African	
Other Black	
Chinese	
Other Ethnic Category	
I would prefer not to state my ethnicity	

SMOKING HISTORY

Ever smoked: Yes No If yes when did you stop?

Smoking per day:

Should you wish to stop smoking please book an appointment to see the Health Care Assistant.

Important Information about your Health Records – please read

The NHS is developing a new way of storing information called the **Summary Care Record (SCR)**. You should also receive a letter from the local Primary Care Trust giving more information about the Summary Care Record and how it will be used.

Your Summary Care Record is an electronic record about your health. At first it will contain information about the medicines you take regularly, any allergies you have, and any problems you have had with medicines. This information will be uploaded from your medical records held at this surgery and held on a national NHS database, sometimes known as the 'spine'. It will be available for healthcare professionals to access, usually with your permission, unless you are too ill to give it. Only those directly involved in your care will be permitted to access your record, and the Government says that strict security measures will be in place at all times to prevent unauthorised access.

This Fact Sheet is not about the advantages and disadvantages of the Summary Care Record, although it tells you where you can obtain more information about this. This Fact Sheet is about how your decision whether or not to have a Summary Care Record is being made.

If you do not take any action, you **will** have a Summary Care Record. This is because the Government Agency responsible for the Summary Care Record, called Connecting for Health, is assuming that everyone wants a Summary Care Record unless they opt out.

This Practice believes that, as a patient, you should have the right to actively choose what should happen to your medical records and whether we should transfer information in these records to other organisations. We are actively publicising details of the Summary Care Record to remind you that unless you send the Practice an opt-out form (available at reception) we will automatically create a Summary Care Record for you and this will soon be uploaded onto the NHS national database.

If you don't opt out from the Summary Care Record now but change your mind at a later date, and decide that you want to opt out, it is important to be aware that if your SCR has ever been viewed by a medical professional, then whilst you can stop any further information from being added to it, you will not be able to have the previous data deleted. It can however be 'hidden' so that healthcare staff can't see it and can only gain access to it by submitting a request in writing.

Whilst at the current time Summary Care Records are not being created for any patients under the age of 16, this may happen in the future. If you are a parent or guardian and you do not want your child or children's records uploaded, you will need to tell the practice this by completing an opt out form - one opt out form will not suffice for a whole family; if you think your child or children are old enough to understand what is being proposed, you should talk it through with them.

Recording Consent of Patients for Data Sharing Initiatives

	<p>This enables Kingston care providers, to view the relevant clinical information about you, when they are treating you, and so give you the best possible care. These include local Nurses, Out of Hours GPs, specialist Clinics, A&E and more. It also helps to feed back information, to your own GP, on treatment and advice you have received elsewhere.</p>	<p>I am happy with and agree to local data sharing <input type="checkbox"/></p> <p>Or I want to:</p> <p>Opt out <input type="checkbox"/></p>
<p>Summary Care Record</p> <p><i>also known as</i></p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">SCR</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>National Initiative</p>	<p>Having a basic Summary Care Record - SCR, enables health care providers around the country, to view your</p> <ul style="list-style-type: none"> medication (last 12m) bad reactions to medicines allergies <p>when you're admitted to hospital, when treating you in an emergency, or when your practice is closed.</p> <p>Additional Information or Enriched SCR Having an Additional Information Summary Care Record allows for more details of your significant medical history and specialist needs, to be included in your SCR. This is particularly useful, if you have long term conditions, or have specialist needs or instructions for your care. It can also include next of kin details. The SCR is used by hospitals and ambulance services around the country.</p>	<p>I want to have a Summary Care Record. <input type="checkbox"/></p> <p>I want an enriched SCR with medication, allergies, and Additional Information <input type="checkbox"/></p> <p>I do not want to have a Summary Care Record. <input type="checkbox"/></p>
<p>National Data Opt Out</p>	<p>This relates to the use of your data required for general medical research and NHS management, but <u>not</u> related to providing you with direct care.</p>	<p><i>The NHS will assume you are happy for your data to be used unless you opt out.</i> <i>There are 2 levels of opt out, you can opt out of none, one or both:</i></p> <p>I do not want my personal and confidential data to be used outside of the NHS <input type="checkbox"/></p> <p>I do not want my personal confidential data to be used for research by anyone. <input type="checkbox"/></p>

Please read the above text then make your selections by ticking the boxes next to the correct statements for you. Add your name and date of birth below, then sign and date and return to reception.

Name..... DOB Signature