

CHARTER MEDICAL CENTRE HEALTH QUESTIONNAIRE

NOTE: the information you supply will form part of your record and will be transferred to all future practices unless specified otherwise

Please complete your GMS1 form and this questionnaire fully to avoid delay to your registration.

YOUR PERSONAL DETAILS

Gender: Male Female Transgender

First name:

Family name:

Date of birth:

Age:

Address:

Home Telephone:

Work Telephone:

*Mobile Telephone:

***Security Note:** We will send texts to your mobile telephone, for instance: appointment reminders / requests that you book an appointment / surgery news / patient surveys. Your mobile telephone and network are not secure so we cannot guarantee absolute privacy for the text messages we send you. Texts which identify your GP surgery could potentially increase your risk of identity fraud.

*** Please tell reception if you wish to OPT OUT from our text messaging service**

YOUR FIRST LANGUAGE :

YOUR NEXT OF KIN (in the UK)

Name:

Tel. No:

Relationship:

UNDER 16? WHO LOOKS AFTER YOU

Name:

Tel. No:

Relationship:

NAME OF SCHOOL:

ARE YOU AN UNPAID CARER?

If you look after a sick or disabled relative, friend or partner, without pay, you are an unpaid carer

TICK if you are an unpaid carer

TICK if you would like some more information on support available to unpaid carers

Admin PN Lucy

YOUR MEDICAL HISTORY

Do you have, or have you had, any serious health problems (including operations) / long term conditions / disabilities?

Date:

Details:

YOUR ALLERGIES (e.g medication, bee sting)

YOUR FAMILY'S MEDICAL HISTORY

Please TICK if your close blood relatives have any of the following health problems or other inherited disease?

Give details if you can (e.g. "mother aged 45")

heart disease Details:

stroke Details:

diabetes Details:

asthma Details:

cancer Details:

any inherited disease Details:

SMOKING:

Do you currently smoke? YES, how many per day? _____ EX-SMOKER NEVER SMOKED

HEALTH MONITORING.

Your health is really important to us. **Please use the machines in the waiting room** to measure your Blood Pressure, Height and Weight.

BLOOD PRESSURE: take your printed result to reception

HEIGHT and WEIGHT: write your numbers here

Height:..... Weight:

ALCOHOL UNITS:

Alcohol use can affect your health and can interfere with certain medications and treatments. Your answers will remain confidential so please be honest.

Do you drink alcohol at all? YES NO How many UNITS per week do you drink per week?
(use the guide below)

UNITS	 2	 1.5	 2	 1	 9
	Pint of Regular Beer/Lager/Cider	Alcopop or Can of Lager	Glass of Wine (175ml)	Single Measure of Spirits	Bottle of Wine

SHORT ALCOHOL QUESTIONNAIRE:

- Men:** How often do you have 8 or more drinks on one occasion?
Women: How often do you have 6 or more drinks on one occasion?

Never Score 0 Less than monthly Score 1 Monthly Score 2 Weekly Score 3 Daily or almost daily Score 4
- How often during the last year have you been unable to remember what happened the night before because you had been drinking ?

Never Score 0 Less than monthly Score 1 Monthly Score 2 Weekly Score 3 Daily or almost daily Score 4
- How often during the last year have you failed to do what was normally expected of you because of your drinking ?

Never Score 0 Less than monthly Score 1 Monthly Score 2 Weekly Score 3 Daily or almost daily Score 4
- 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 Score 0 Yes, on one occasion Score 2 Yes, on more than one occasion Score 4

TOTAL SCORE OUT OF 16

If your total score is **3 or more**, or you drink **22+ units** (men) or **15+ units** (women) per week please book a 10 minute Lifestyle Assessment with our Health Care Assistant when you hand in this form.

Reception: Note appointment details:

DEMOGRAPHIC MONITORING

We collect data about your background to help improve services, prevent discrimination and promote equal opportunities. Please tell us how you would describe yourself. We will store your answer in your confidential medical record.

How would you describe your ETHNICITY ?					
		TICK			TICK
Asian	Asian British		White	British	
	Bangladeshi			Irish	
	Indian			Gypsy	
	Pakistani			Traveller	
	Any other Asian background			Polish	
				Portuguese	
Black	Black British			Any other White background	
	African				
	Caribbean		Other	Chinese	
	Sudanese			Turkish	
	Any other Black background			Arab	
		Japanese			
		Any other ethnic group (pls detail)			
Mixed	Asian & White				
	Asian & Black				
	Asian & Black Caribbean				
	White & Black African				
	White & Black Caribbean				

How would you describe your SEXUAL ORIENTATION			
	TICK		TICK
Gay		Heterosexual	
Lesbian		Do not wish to disclose	
Bisexual			

How would you describe your RELIGION / BELIEF			
	TICK		TICK
Agnostic		Judaism	
Atheism		Pagan	
Buddhism		Sikhism	
Christianity		Other	
Hinduism		No particular faith	
Islam		Do not wish to disclose	
Jainism			

How would you describe your EMPLOYMENT / EDUCATION STATUS				
<input type="checkbox"/> Paid work	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Unable to work for medical reasons	<input type="checkbox"/> Not looking for work	<input type="checkbox"/> do not want to say
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Carer	<input type="checkbox"/> Parent	<input type="checkbox"/> homemaker

Signature:

Date:

Summary Care Record Factsheet

What is happening?

A new Central NHS Computer System is coming to this area soon, called the **Summary Care Record (SCR)**. The Summary Care Record is meant to help emergency doctors and nurses help you when you contact them when the surgery is closed. Initially, it will contain just your medications and allergies. Later on as the central NHS computer system develops, (known as the 'Summary Care Record' – SCR), other staff who work in the NHS will be able to access it along with information from hospitals, out of hours services, and specialists letters that may be added as well.

Your information will be extracted from practices such as ours and held on central NHS databases. As with all new systems there are pros and cons to think about. When you speak to an emergency doctor you might overlook something that is important and if they have access to your medical record it might avoid mistakes or problems, although even then, you should be asked to give your consent each time a member of NHS Staff wishes to access your record, unless you are medically unable to do so.

On the other hand, you may have strong views about sharing your personal information and wish to keep your information at the level of this practice.

Connecting for Health (CfH), the government agency responsible for the Summary Care Record have agreed with doctors' leaders that **new patients** registering with this practice should be able to **decide** whether or not their information is uploaded to the Central NHS Computer System. For existing patients it is different in that it is assumed you that want your record uploaded to the Central NHS Computer System unless you actively opt out. To help us to follow your choice, we would like you to **complete the form at the end of this message**,

What are my options?

- 1) I do want to have a Summary Care Record, I am happy for my records to be sent to it
- 2) I do not want a Summary Care Record, I am not happy for my records to be sent to it
- 3) I don't know whether I want a Summary Care Record, I will decide later

What happens next?

- If you choose option 1) we will set our system to create a SCR for you
- If you choose option 2) we will set our system to *not* create a SCR for you (you will be able to have one created at a later date if you wish)
- If you choose option 3) we will also set our system to *not* create a SCR for you. You will be able to have one created at a later date

These three options give you complete control over what happens to your records. Remember, you can change a previous decision but it is important to remember that if you have a Summary Care Record and it has ever been viewed, then thereafter, whilst you can stop any further information being added to it, you will not be able to have the previous data deleted. However, CfH does state that the record will be hidden and not able to be viewed by anyone looking after you.

Where can I get more information? <http://www.nhscarerecords.nhs.uk/index.html>

If you have any questions about your Summary Care Record, contact Summary Care Record Information Line on 0300 123 3020. The Summary Care Record Information Line has translation and textphone services.

Summary Care Record 'Opt in/Opt out' Form

Please tick *one* of the options below, complete your personal details, sign, date and hand to reception

- 1) I **do want** to have a Summary Care Record, I am happy for my records to be sent to it
- 2) I **do not want** a Summary Care Record, I am not happy for my records to be sent to it
- 3) I **don't know** whether I want a Summary Care Record, I will decide later

Forename:

Surname:

Date of Birth:

Postcode:

Signature

Date

Patient Parent (under 13) Guardian Carer

May we contact you sometimes to ask for your views on our service?

PATIENT REFERENCE GROUP (virtual)

We want to ask lots of patients for their opinions. We would prefer to contact you by email or text. You will become part of our Patient Reference Group. Your views will be anonymous and your contact details will be kept safely. There is no time commitment or meetings involved!

TICK I would like to join the Patient Reference Group (PRG) at Charter Medical Centre

I have read the Security note below*

I would like Surgery staff to contact me for the purpose of the PRG by:

Text to my registered mobile phone (you will need internet access also)

Email to: _____

I do not have email or text – please post to my registered address

Admin code EMISNQPA124 , freetext 'Charter PRG' , pass this page to Lucy

Are you interested in getting more involved?

PATIENT PARTICIPATION GROUP?

Our Patient Participation Group are a group of volunteer patients who meet regularly and who are involved in making sure the surgery provides the services its patients need.

TICK I am interested in joining the Patient Participation Group (PPG) at Charter Medical Centre

I have read the Security note below*

TICK I agree the surgery will share the following contact details, (and my communications about the PPG), with other PPG members for this purpose.

TICK

My registered mobile phone number

My registered landline number

**My Email: _____

My registered postal address

Admin pass this page to Lucy

*** Security note:** it is our duty to point out that email accounts, and electronic devices such as computers and mobile telephones, are not secure. Emails and texts which identify your GP surgery could, potentially, increase your risk of Identity fraud.

**** No medical information or questions will be responded to. Your email address will not be stored for other purposes within the practice.**

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Admin do not scan this page

Would you like a New Patient Health Check ? Book now

We offer all new patients a health check with our health care assistant. The health check may include:

- Cholesterol testing and cardiovascular screening (age 40+)
- Urine testing to detect diabetes and kidney disease
- On the spot HIV testing (16-59 age)

Bring a urine sample to your appointment

Please **TICK** to confirm you have recorded your Blood pressure, Height and Weight using our waiting room machines before booking an appointment.

Reception: Note appointment details:

What you need to bring with you when you register

- 1. Proof that you are living in our Practice Catchment Area: (Any one of the following:)**
Utility bill (less than 3 months old)
Bank / Credit card statement (less than 3 months old)
Council Tax bill
Tenancy Agreement
- 2. Proof of your identity: (Any one of the following:)**
Passport
European ID Card
Red Book (children under 5)
UK Photo Driving Licence
UK Birth Certificate
- 3. To join a GP list permanently you must normally be**
living in the UK legally and for a settled purpose
living in the UK for the majority of the time (more than 6 consecutive months in any year, 9 months in total)

You may be asked to show a valid non-visitor Visa as proof of this (or Home Office documents)

Reception SEEN (date / initial):
Comments / visa details etc:

Do you have access to the INTERNET ?

With our secure online account you can:

- Book Doctors appointments
- Book Blood tests
- Request repeat medication
- Send brief secure messages to reception, GP's & nurses.

emisaccess

To set up your account bring photo ID to reception 5 days after registering and ask for a password.

For more information please visit.: <http://www.patient.co.uk/emisaccess.asp>