

Welcome to The Village Practice!

NEW PATIENT HEALTH CHECK FORM

Please note; If you are over 35 you will need to have a health check in order to register

Online Access: once you are registered you can access the online service which will allow you to book appointments, order repeat prescriptions, and access a summary of your medical record. Please ask

Reception for your log in details!

Family Name/Surname:	Address:
First Name:	
Date of Birth:	
Ethnic Origin:	Post Code:
AGE:	Home Telephone:
Mobile Number:	Work Telephone:
E-mail Address:	

Please note we offer a text messaging service for appointment reminders and test results.

If you would like to opt out, please tick this box

Do you need a language interpreter? YES/NO
If yes What language?

Next of Kin (Name): Relationship:	Telephone No:
--------------------------------------	---------------

Do you have any long term conditions? Please state below

Do you take any medication? What medicine and how often do you take it? *(Feel free to give reception a printed copy or the right hand side of the prescription)*

Do you have any allergies? (E.G Food or Medication)

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?

SMOKING

Do you smoke? **Yes / No**

Cigarettes per day Cigars per day Ounces of tobacco per day

Would you like to stop smoking: **NO / Yes (Reception will give you a leaflet and further details)**

EX-SMOKERS Date when you stopped smoking?

ALCOHOL - Please score below

Questions	0	1	2	3	4	Your score
How often do you have a drink that contains alcohol	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4 + times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking	1 - 2	3- 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Never drink alcohol: Please tick box:

DIET

Do you have a varied diet including milk, meat, vegetables and fruit? **Yes / No**

Has your Cholesterol been checked in the last 2 years? **Yes / No**

EXERCISE

Do you take regular exercise? **Yes / No**

If yes, what sort of exercise?How many times per week.....

Are you a Carer? Yes/No	If yes who do you care for
Do you have a Carer? Yes/No	If yes please give their name
Are you Pregnant?	
What is your estimated date of delivery	
Date of last menstrual period?	

Weight in KG.....	Height in CM.....	Blood Pressure.....
-------------------	-------------------	---------------------

SUMMARY CARE RECORD:

Your emergency care summary

What is the Summary Care Record?

It is NHS centrally held electronic record which contains:

- Your recent and current **Medication** (from last 12 months)
- **Allergies** you suffer from
- Any **Adverse Reactions to Medicines** you have had.

Why do I need a Summary Care Record?

Summary Care Records are being introduced to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record, it will give healthcare staff faster, easier access to essential information about you, and help to give you safe treatment during an emergency, when admitted to hospital or when your GP surgery is closed.

For example, a person who lives in London is on holiday in Brighton. One evening, they're knocked unconscious in a car accident and taken to an accident and emergency (A&E) department. Under the current system of storing health records, it would be difficult for A&E staff to find out whether there are any important factors to consider when treating the person (such as any serious allergies to medications), especially as their GP surgery is likely to be closed. If healthcare staff cannot get the relevant health information quickly, some patients may be at risk.

A Summary Care Record is an electronic record that's stored at a central location. As the name suggests, the record will not contain any other information about your medical history. It will only contain: your last 12 months medication, your allergies and adverse reactions to medicines.

Who can see it?

Access to your Summary Care Record will be strictly controlled. The only people who can see the information will be healthcare staff directly involved in your care who have a special smartcard and access number (like a chip-and-pin credit card).

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, e.g. because you're unconscious, healthcare staff may look at your record without asking you. If they have to do this, a record will be made.

How do I know if I have one?

Summary Care Records are now in Camden and all patients will have a summary care record created, and it will include just their medications (last 12m), allergies and adverse reactions to medicines.

Do I have to have one?

No, if you choose not to have one, then you will need to complete a form and bring it along to the surgery. You can download a form, or obtain one from your surgery. You can change your mind at any time – just tell your Practice.

Recording Consent of New Patients for Data Sharing Initiatives in Camden

<p>Summary Care Record National Initiative</p>	<p>If you have a Summary Care Record your health care providers can view your medication, bad reactions to medications and allergy information when treating you in an emergency or when your practice is closed.</p>	<p>I want to have a Summary Care Record. 9Ndm <input type="checkbox"/></p> <p>I do not want to have a Summary Care Record. <input type="checkbox"/></p> <p>9Ndo</p>
<p>Health and social care information centre Care.data National Initiative</p>	<p>Care.data aims to make increased use of information from medical records with the intention of improving healthcare via research.</p>	<p>I want my medical record to be part of Care.data. <input type="checkbox"/></p> <p>9NU1</p> <p>There are 2 levels of opt out, you can opt out of both:</p> <p>I do not want my personal and confidential data to leave the Health and Social Care Information Centre <input type="checkbox"/></p> <p>9Nu4</p> <p>I do not want my personal confidential data to leave the GP Practice <input type="checkbox"/></p> <p>9Nu0</p>

Sign: _____

Date: _____

More Information

For further information visit www.nhscarerecords.nhs.uk, email scr.comms@hscic.gov.uk or call the information line on 0300 303 5678 option 2.

Thank you for helping complete this form. Please give this form to a receptionist.

If you need to see a doctor Please let reception know ASAP.

We also value your opinion on the services we provide, so please let us know any comments you have!

Please see our website for more information - www.thevillagepractice.org