A blue circle with a stethoscope and text

Description automatically generated

**YORK ROAD GROUP PRACTICE**

**NEW PATIENT HEALTH QUESTIONNAIRE**

Please fill out the questions below to the best of your knowledge as part of our new patient screening. Please tick where appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Preferred Name** | | **Yes/No – please state if Yes** |
|  | **Do you have a preferred name you would like us to use?** | |  |
|  | **Preferred Pronouns** | |  |
|  | **Are you she/he/they** | | **Please state:** |
|  | **How would you describe your gender identity?** | | **Male/Female/Gender Neutral/Non binary** |
|  | **Employment Status** | | * **Please tick the most appropriate** |
|  | Employed | |  |
|  | Unemployed | |  |
|  | Self-employed | |  |
|  | Unfit for work | |  |
|  | Retired | |  |
|  | **Marital Status** | |  |
|  | Single | |  |
|  | Civil Partnership | |  |
|  | Married | |  |
|  | Co-habiting | |  |
|  | Divorced | |  |
|  | Widowed | |  |
| **6.** | **Preferred GP** | | * Please tick |
|  | To help us provide the most comfortable and supportive service, do you have a preference of GP? *(Please note we will try our best to accommodate but our doctors work on a rota system which means they take it in turn to be the GP on call for urgent on the day appointments.)* | | **Male**  **Female**  **No Preference** |
| **7.** | **Current Information** | |  |
|  | Blood Pressure Reading- you can use the machine in practice | | |
|  | How often do you exercise per week: | | |
| **8.** | **Females Only** | * **Please tick the most appropriate** | |
|  | Are you currently on any of the below contraception?  Oral Pill |  | |
|  | Depo Injection |  | |
|  | Coil |  | |
|  | Implant |  | |
|  | Not needed |  | |
|  | Are you currently pregnant? | **Yes/No** | |
|  | When was your last cervical screening test?: |  | |

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**York Road Group Practice**

**Cheshire Care Record Consent Form**

The Cheshire Care Record holds summary information from visiting your GP, attending hospital, or being seen in your own home by a community nurse or social worker, we want you to get the best care, but we can only do this if all the health and social care professionals involved in your care have access to the information they need. Information will include test results, medications, allergies and social or mental health information.

By sharing a summary of the information included in your health and social care records they can provide better care.

Name…………………………………………………………………………………………..…………………………………………………………………………

Date of Birth…………………………………………………………………………………………………………………………………………………………….

Address……………………………………………………………………………………………………………………………………………………………………

Postcode………………...…………………………………………………………………………………………………………………………………………….

Signature…………………………………………………………….…………………………………………………………………………………………………

Do you give consent for all Cheshire health and social care staff involved in your care to view your Cheshire Care Record?

**Yes No**

☐ ☐

Quicker access to a summary view of your health and social care records will ensure that GPs, hospital doctors, nurses, social workers and other professionals have an overview of your care in order to make the best decisions about your diagnosis, treatment and care plan.

**YORK ROAD GROUP PRACTICE  
TEXT CONSENT FORM**

Here at York Road Group Practice we send out text messages.  
We use this system to send out appointment confirmations, appointment reminders and more. The text messages get automatically sent to the mobile number on your records so please ensure this is up to date.

Name:

Home Address:

Date of Birth:

Mobile Number:

Signature:

Date:

**Do you give consent for York Road Group Practice to contact you by text messages? (please tick)**

**YES**

**NO**

You can change your decision at any time by contacting the Practice.

**Patients Advisory – Prescribing of Potentially Addictive Medication**

There are a number of medications that are often prescribed for pain and/or insomnia that have the potential for patients to become reliant on them both physically and emotionally.

When a person becomes dependent on a prescription medicine, the body has adapted to the drug's effects so much, that stopping it causes withdrawal symptoms. In these circumstances it is often best to slowly taper off the medication concerned under a clinician’s supervision.

In the interests of patient safety and in line with national and local prescribing guidance, we regularly review our prescribing of potentially addictive medication, with a view to reducing and ultimately stopping long-term prescribing, where this is considered appropriate.

**PLEASE BE AWARE - should you choose to register at the practice, prescriptions for the medication listed below will only be issued for the shortest duration and only where it is considered clinically appropriate.**

|  |  |
| --- | --- |
| **Benzodiazepines** | |
| Alprazolam | Loprazolam |
| Chlordiazepoxide | Lorazepam |
| Clobazam | Lormetazepam |
| Clonazepam | Nitrazepam |
| Diazepam | Oxazepam |
| Flurazepam | Temazepam |

|  |  |
| --- | --- |
| **Opioids** | |
| Buprenorphine | Oxycodone |
| Codeine | Tramadol |
| Fentanyl | Pethidine |
| Morphine |  |

|  |  |
| --- | --- |
| **Gabapentinoids** | |
| Pregabalin | Gabapentin |

|  |  |
| --- | --- |
| **Z- Drugs** | |
| Zolpidem | Zopiclone |

**I have read and understood the information provided above and accept the conditions stated, should I be prescribed the medication listed.**

**Signature: ………………..………………………………………………………………… DOB…………………………………………………………………….**

**Patient Name: ………………………………………………………………………….. Date: ……….……………………………..…………………………**

**YORK ROAD GROUP PRACTICE**

**How We Use Your Information**

This leaflet briefly explains why the doctor’s surgery collects information about you, and how that information may be used.

The health and social care professionals who provide you with care maintain records about your health and any treatment or care you have received previously (e.g. NHS Trust, GP Surgery, Walk-in clinic, social care package etc.). These records help to provide you with the best possible health and social care.

Records may be held in electronic or manual (written down) format, and may include the following information;

* Details about you, such as address and next of kin
* Any contact the surgery has had with you, such as appointments, clinic visits, emergency appointments, etc.
* Notes and reports about your health
* Details about your treatment and care
* Results of investigations, such as laboratory tests, x-rays, etc.
* Relevant information from other health professionals, relatives or those who care for you and know you well

To ensure you receive the best possible care, your records are used to facilitate the care you receive and will be shared with other health and social care professionals to aid decision making about your total care package. Information held about you may also be used to help protect the health of the public and to help us manage the NHS. Information may be used for clinical audit to monitor the quality of the service provided. Where we do this, we take strict measures to ensure that individual patients cannot be identified.

Some of this information will be held centrally and used for statistical purposes. Where we do this, we take strict measures to ensure that individual patients cannot be identified.

Sometimes your information may be requested to be used for research purposes – the surgery will always endeavor to gain your consent before releasing the information.

Should you have any concerns about how your information is managed at the surgery please contact the Practice Manager to discuss how the disclosure of your personal information can be limited.

**How do we maintain the confidentiality of your records?**

Every member of staff who works for an NHS or social care organisation has a legal obligation to keep information about you confidential. Anyone who receives information from an NHS or social care organisation has a legal duty to keep it confidential.

We maintain our duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to any third party without your permission unless there are exceptional circumstances (i.e. life or death situations), or where the law requires information to be passed on.

**Who are our partner organisations?**

We may also have to share your information, subject to strict agreements on how it will be used, with the following organisations;

* NHS Trusts / Specialist Trusts / Independent Contractors such as dentists, opticians, pharmacists
* Private Sector Providers / Voluntary Sector Providers
* Ambulance Trusts / Clinical Commissioning Groups /Social Care Services
* Local Authorities / Education Services / Fire and Rescue Services / Police / Other ‘data processors’

**Access to your Information**

You have a right under the Data Protection Act 1998 to access/view what information the surgery holds about you, and to have it amended or removed should it be inaccurate. This is known as ‘the right of subject access’. If you would like to make a ‘subject access request’, please contact the practice manager