Wetherby & Bramham Surgery
New Patient Health Questionnaire - Adult

Please complete all pages in full using block capitals

1. Background Details

Contact Details			
Name		Gender	
Address		Date of Birth	
		Landline Telephone	
		Work Telephone	
Mobile Telephone	***** I consent to be contacted by SMS on this number:		
Email	***** I consent to be contacted by email at this address:		
Next of Kin	Name: Tel: Relationship:		
Family Registered With Us			

***** *It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results or health campaigns*

If you <u>do not</u> consent to being contacted by SMS or Email, please tick here: ☐ ***SMS*** ☐ ***Email***

Other Details				
Previous GP	Name: Address:			
Country of Birth				
Ethnicity	☐ White (UK) ☐ White (Irish) ☐ White (Other)	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani	☐ Arabic ☐ Chinese ☐ Other
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's Witness	☐ No religion ☐ Other:
Housing	☐ Own Home ☐ Sheltered House	☐ Residential Home ☐ Nursing Home	☐ Housebound ☐ Homeless	☐ Refugee ☐ Asylum Seeker
Employment	☐ Employed ☐ Student ☐ International Student	☐ Self-employed ☐ Unemployed	☐ House husband ☐ House wife	☐ Carer ☐ Retired
Overseas Visitor	☐ Yes	☐ European Health Insurance Card Held		
Armed Forces	☐ Military Veteran	☐ Family member		

Communication Needs				
Language	What is your main spoken language? Do you need an interpreter? ☐ Yes ☐ No			
Communication	Do you have any communication needs? ☐ Yes ☐ No (If **Yes** please specify below)			
	☐ Hearing aid ☐ Lip reading	☐ Large print ☐ Braille	☐ British Sign Language ☐ Makaton Sign Language	☐ Guide dog

Carer Details				
Are you a carer?	☐ Yes – Informal / Unpaid Carer	☐ Yes – Occupational / Paid Carer	☐ No	
Do you **have** a carer?	☐ Yes	Name*: Tel:	Relationship:	

** Only add carer's details if they give their consent to have these details stored on your medical record*

2. Medical History

Medical History

Have you suffered from any of the following conditions?

☐ Asthma	☐ Heart Disease	☐ Diabetes	☐ Depression
☐ COPD	☐ Heart Failure	☐ Kidney Disease	☐ Underactive Thyroid
☐ Epilepsy	☐ High Blood Pressure	☐ Stroke	☐ Cancer- Type:

Any other conditions, operations or hospital admission details:

If you are currently under the care of a Hospital or Consultant, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

☐ Asthma……..	☐ Heart Disease……	☐ Diabetes……..……	☐ Depression……..……
☐ COPD……...…	☐ Stroke…….……..	☐ Kidney Disease..……	☐ Thyroid……..……..
☐ Epilepsy……	☐ Blood Pressure……	☐ Liver Disease..…..……..	☐ Cancer……..

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication

Please give us your previous repeat medication list

3. Your Lifestyle

Alcohol

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT–C QUESTIONS	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL:	

A score of **less than 5** indicates *lower risk drinking*

Scores of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	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 from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in last year		Yes, during last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in last year		Yes, during last year	
					TOTAL:	

3. Your Lifestyle - Continued

Smoking					
Do you smoke?	☐ Never smoked	☐ Ex-smoker	☐ Yes		
Do you use an e-Cigarette?	☐ No	☐ Ex-User	☐ Yes		
How many cigarettes do you smoke a day?	☐ Less than one	☐ 1-9	☐ 10-19	☐ 20-39	☐ 40+
Would you like help to quit smoking?	☐ Yes	☐ No			
	For further information, please see: www.nhs.uk/smokefree				

Height & Weight			
Height		Weight	

Women Only				
Do you use any contraception?	☐ Yes	☐ No	If needed, please book appointment.	
If yes please tick form of contraception used	☐ Pill	☐ Coil	☐ Implant	☐ Injection
Are you currently pregnant or think you may be?	☐ Yes	☐ No	Expected due date:	

4. Further Details

Named Accountable GP	
You will be allocated a named GP	

You are however entitled to make an appointment to see any GP of your choice, subject to availability.

Electronic Prescribing/We are a dispensing practice	
Your prescriptions will be dispensed automatically by the surgery unless you live in Tadcaster, Wetherby or Boston Spa, if you live in Clifford please speak to reception. If you would like your prescriptions to automatically be sent to a pharmacy of your choice, please give details of pharmacy opposite	Pharmacy:

Patient Participation Group		
Would you like to be involved in our Patient Participation Group?	☐ Yes	☐ No

We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.

Organ Donation	
Organ Donation	If you wish to donate your organs or become a blood donor please see websites below To register: Online: www.organdonation.nhs.uk/ www.blood.co.uk/the-donation-process/recognising-donors Telephone: 0300 123 23 23 to speak to an advisor who will send out a donor card.

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details — This will ensure you receive any medical appointments without delay
- Sharing your medical history — This will ensure emergency services accurately assess you if needed
- Sharing your medication list — This will ensure that you receive the most appropriate medication
- Sharing your allergies — This will prevent you being given something to which you are allergic
- Sharing your test results — This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

Your SCR is not your complete medical record it is just the key information listed above.

How is my personal information protected?

Bramham Medical Centre will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information, please see: www.nhs.uk/NHSEngland/thenhs/records

5. Sharing Your Health Record

Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

- ☐ Yes *(recommended option)*
- ☐ No except in an emergency
- ☐ No, never *(not recommended, please discuss this with your GP before ticking this option)*

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

- ☐ Yes *(recommended option)*
- ☐ No

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

- ☐ Yes *(recommended option)*
- ☐ No

Access to GP Online Services

Important Information – Please read before completing the form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore, you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

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.
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.
Proxy Access Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 13. Any subsequent proxy access will need to be authorised by the patient subject to a competency test being completed. Proxy Access ceases at age 16.

For further information, please see:
www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

Wetherby & Bramham Surgery

Patient SystmOnline Application

Please complete the form below and bring into the surgery with **two** forms of identification. One form of photo ID and one proof of address i.e. Passport, Photo Driving Licence, Photo Bus pass, Student ID **and** one official letter bearing your name and address i.e. Bank or Building Society, Utility Company, Local Council, Landline Telephone Provider.
(**Note:** A photo driving licence will suffice for both photo ID and proof of address)

Surname			
First Name		**Date of birth**	
Address			
Postcode			
Email Address			
Mobile No.		**Landline No:**	

I wish to have access to the following online services (*tick all that apply*):-
***NB**: To enable **FULL** access, consent to receiving SMS messages must be obtained, please indicate your preference below*

I consent ☐ **/ Do not consent** ☐ to receiving SMS messages

1	View and book appointments	☐
2	View and request repeat prescriptions	☐
3	Access my **coded** medical records (contains any medical codes that have been recorded)	☐
4	Access my **FULL** medical records (contains medical codes & free text that has been recorded)	☐
5	Access my Summary Care Record	☐
6	Complete online questionnaires	☐

If you are not a dispensing patient, would you like your prescriptions to be sent automatically to the pharmacy of your choice? If yes, please indicate the name and address of your chosen pharmacy below:

Pharmacy:

I wish to access my medical record online, I understand and agree with each statement below (*please tick*):-

1	I have read and understood the information on the reverse of this form	☐
2	I will be responsible for the security of the information that I see or download	☐
3	If I choose to share my information with anyone else, this is at my own risk	☐
4	I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5	If I see information in my record that is not about me, or is inaccurate, I will log-out immediately and contact the Practice as soon as possible.	☐

Signature		**Date**	

Practice Use Only

Patient NHS Number:		Identity Verification Method:
ID verified by:	Date:	Photo Driving Licence ☐ Passport ☐ Bus Photo Pass ☐ Student ID ☐
Authorised by *(if applicable)*:	Date:	Bank/Building Scty ☐ Local Council ☐ Utility Co. ☐ Landline Provider ☐ Other (please state)