

CHORLEYWOOD HEALTH CENTRE

NEW PATIENT QUESTIONNAIRE

For patients aged 16 and over

Welcome to Chorleywood Health Centre. Kindly complete the following for our records; all information will be treated as strictly confidential.

TODAY'S DATE:

Patient Name:	Address:
D.O.B.:	
Home phone number:	
Mobile phone number:	
E mail:	
Next of Kin	Alternative Contact:
Name:	Name:
Relationship to patient::	Relationship to patient::
Contact Numbers:	Contact Numbers:
Emergency Contact: Yes / No	Emergency Contact: Yes / No
Address:	Address:
Signature:	Signature:

Carers:

A carer is someone who is looking after or is responsible for the care of a relative, friend or neighbour, whose health is impaired by old age, or who is mentally or physically disabled

Do you have a Carer? YES / NO Do you Care for some else? YES / NO

Name: Relationship:

Address:

Telephone no:

Could we pass on your details to Carers Herts? YES / NO

Health Screening:

Blood pressure:/..... (Please use the automatic blood pressure machine at the surgery)

Height (cm):

Weight (kg):

Waist Measurement: (cm/inches)

(If known)

If you are on any repeat medication you will need to book an appointment with a GP to add these to your records

Lifestyle Questions:

Do you smoke? YES / NO

Cigarettes / Cigars

How many per day?

If an ex-smoker, what date did you give up?/...../.....

For advice on giving up smoking, please book in with a nurse

Please give details of any allergies you have:

.....

Alcohol consumption:

Do you consume alcohol? YES / NO

Please complete the table below: circle the statements that apply to you the most and then add the scores in the right hand column.

If the total is more than 5, we will send a further health check form.

Questions	Scoring System					Your Score:
	0	1	2	3	4	
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	9+	
How often do you have six or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total score: Add up the numbers in the right hand column						

Ethnicity:

To ensure we are providing a good service to all ethnic groups we would appreciate if you completed the following:

Main spoken language:

Please circle what applies to you:

White	British	Irish	Other:	
Asian or Asian British	Indian/British Indian	Bangladeshi/British Bangladeshi	Pakistani/British Pakistani	Other:
Black or Black British	African/British African	Caribbean/British Caribbean	Other:	
Mixed Race	White and Black Caribbean	White and Black African	White and Asian	Other
Other Ethnic Background	Chinese	Japanese	Filipino	Other

SMS Text message consent form

Chorleywood Health Centre would like to offer you the ability to receive text message reminders for your appointments booked at the surgery. We also send other health information including information about special clinics we are running that you might be interested in.

The SMS service should not be solely relied upon, as the responsibility of attending and cancelling appointments still rests with you, but we hope this will make things easier. Messages are generated by an NHS secure service; however they are transmitted over a public network to a personal phone.

Please tick the box below

I consent to the practice contacting me by text message for the purpose of health information and appointment reminders. I will ensure that I keep the practice informed of my up to date mobile number at all times, or as is no longer in my possession:

Privacy Notice

To understand how we protect your data and what your data rights are, read the Patient Privacy Notice at www.chorleywood.org or ask reception for a copy. Please direct any questions to the Practice Manager

Patient Participation Groups Y / N?

Would you be interested in receiving emails updating you about what is happening in the practice and be involved in providing feedback in order to improve the services that we deliver?

Electronic Prescribing

If you get regular prescriptions, the Electronic Prescription Service (EPS) may be able to save you time by avoiding unnecessary trips to your GP. EPS makes it possible for your prescriptions to be sent electronically to the pharmacy or dispenser of your choice. If you wish to sign up to EPS, please provide the details of your nominated pharmacy or speak to a member of the reception team:

Name of Pharmacy:

Address of Pharmacy:

Post code of Pharmacy:.....

Summary Care Record

The Summary Care Record (SCR) is an electronic record containing information about patients Including allergies, medications and adverse reactions. It is pulled from GP systems which can be viewed by health professionals involved in a patient's care.

Please tick the box if you **do not** wish your summary care record to be uploaded on the national spine

Accessible Information

If you have a communication need of any kind please let us know and we will work with you to make sure we provide information in a way that you would like us to. If you need the practice to provide information in a different form such as large print or easy read please let us know and we will arrange this.

Do you have any communication needs Y/ N?

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record to view: <ul style="list-style-type: none"> • Medications • Immunisations • Allergies 	<input type="checkbox"/>
4. Enhanced Access <ul style="list-style-type: none"> a. Test Results b. Coded Medical Record 	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
Signature	Date

For practice use only

Identity verified by (initials)	Date	Method <div style="text-align: right;"> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> </div>
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled <div style="text-align: right;"> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/> </div>	Notes / explanation	

Online Services Records Access

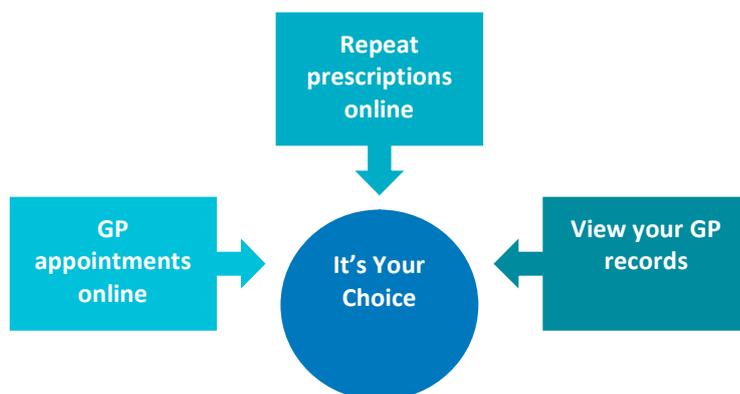
Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet 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.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.



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 can't 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.

Consent to Share Medical Information with a Carer or Relative

All our patients have a right to confidentiality. However, you may wish other members of your family or close friends who might be involved in your care, to be able to talk to the staff about your care on your behalf. This can be particularly useful if you find it difficult to get to the GP surgery or communication is difficult for you (such as hearing a voice on the telephone) or if that person helps to care for you.

This form will allow you to enable us to share information about your care with the person you specify on this form. We need both you and the person you would like us to share your information with to sign this form. It is important that your carer or relative treats information about your care as confidential. You have the right to allow access to all or only part of your medical information. For instance if you have had previous medical problems you would prefer your carer or relative not to know about, you can specify this on the form. You can also override this consent to share information at a later date if you wish, for instance if you are currently undergoing treatment for a mental health condition requiring a carer to be involved and then your condition resolves.

If you have more than one person whom you wish to give permission for us to share information with, please fill out a separate form for each and return to the Health Centre.

If you have a question in relation to this form, please contact our Carer's Lead, Nichole Jones 01923 287100

Details of the Registered Patient:

Patient Surname	NHS Number
Forename(s)	Address
Date of Birth	
Telephone Number:	
Patient Signature:	

Details of the Person with whom to share your medical information:

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Patient	
Signature:	

Details of Information to be Shared

Please use this space below to inform us of certain periods and parts of your health record that you would like to share.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports.

(please tick as appropriate)

I would like to share all of my medical information	
I would like to share medical information between specific dates only (please give date range) below	
I would like to share my medical information relating to a specific condition / specific incident only (please detail below)	