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|  |  | NHS-logo |
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***Welcome to The Harrowby Lane Surgery***

Dear patient,

Thank you for your interest in joining our Practice.

We would like to invite you to work with us as a team so we can provide a high standard of service to all our patients.

Doctors/Nurses and other health workers are not solely responsible for maintaining your health status. **You have a responsibility to yourself** to take appropriate measures for improving and maintaining your health wherever possible, and this may include the following advice:

* Home visits will be triaged, and following the LMC guidelines will be for housebound or palliative patients only.
* If you cannot keep your appointment, please contact reception as soon as possible on our 24/7 cancellation line or via the practice online service.
* Repeat prescriptions can be ordered using your repeat slip or your local chemist. Please allow 2 working days for it to be ready for collection.
* We have a zero tolerance for any verbal or physical abuse towards any member of the Practice team.



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| **Our Appointment System** |
| Before registering we ask you to take a minute to read about our appointment system  ***Same Day Appointments***  We are currently operating an **‘open surgery’** every day of the week, Monday -Friday between 8.30 and 10.30am. You will need to attend reception to book into the open surgery. Please Note - bookings will **not** be taken over the phone. Waiting times may vary but if waiting times exceed 1 hour then we do give patients the option to wait elsewhere and return to the surgery at a later time.  All acute problems which need to be seen on the same day will only be seen in the open surgery.  ***Routine Appointments***  We still offer routine booked appointments which are available in advance and you can specify the doctor of your choice.  The surgery changed the system due to the feedback from a patient questionnaire and also because the practice experienced a large amount of patients who did not attend their appointments. The open surgeries are new and therefore we are reviewing the system regularly in order for them to run more smoothly. We do appreciate that this system does not suit everyone. |

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| **Our prescription service – Electronic Prescriptions** |
| This surgery sends prescriptions electronically. You can nominate which chemist you wish them to be sent to, and then all repeat prescriptions will go directly to the chemist of your choice. Please tick which chemist you wish them to be sent to   |  |  | | --- | --- | | Lloyds (Alma Park) |  | | Lloyds (High Street) |  | | Boots (High Street) |  | | Boots (St Peters Hill) |  | | Boots (London Road) |  | | Asda ( Union Street) |  | | Co-op (Hornsby Road) |  | | Co-op ( Barrowby Gate |  | | Other………………………………… |  | |

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| **REPEAT MEDICATION** | | | | | |
| Are you on any repeat medication? | Yes |  | No |  |  |
| **If “Yes” please attach your repeat medication slip to this form.** | | | | | |

**Please complete this questionnaire as fully as possible.**

The questions have been designed to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us.

The information you give will help us to provide you with good medical care.

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mrs/Miss/Ms/Mr | | | | | Have you been registered here before? | | | | | | | | | | | | | | Yes | | |  | | No | |  | |
| Surname | |  | | | | | Previous Surname | | | | | | |  | | | | | | | Male | | |  | | Female | |  | |
| Forename(s) | |  | | | | | Address | | | | | | |  | | | | | | | | | | | | | | | |
| Date of Birth | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| NHS Number | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| Home Tel No. | |  | | | | | Postcode | | | | | | |  | | | | | |  | | | | | | | | | |
| Mobile Tel No. | |  | | | | | Email | | | | | | |  | | | | | | | | | | | | | | | |
| Work Tel No. | |  | | | | | Occupation | | | | | | |  | | | | | | | | | | | | | | | |
| Status | | Single | |  | | Married | | |  | | Separated | |  | | Divorced | |  | Widowed | | | | |  | Cohabitating | | | |  | |
| Sexual orientation | Straight | |  | | Gay/  Lesbian | | |  | | Bi Sexual | |  | | | Other |  | | | Prefer not to say | | |  | | |  | |  | |

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| **EMERGENCY CONTACT DETAILS** | | | |
| Emergency Contact |  | Emergency Contact No. |  |
| Next of Kin |  | Relationship |  |
| Contact No. |  | Address |  |

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| Are you a carer for someone? | Yes |  | No |  | Is someone a carer for you?  *(if yes please provide details below)* | Yes |  | No |  |
| Name of your carer |  | | | | Contact No. of your carer |  | | | |

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| **ETHNICITY – How would you describe your ethnicity?** | | | | | | | | | | |
| **White** | British |  | Irish |  | Other White |  |  |  |  |  |
| **Asian** | Asian British |  | Bangladeshi |  | Indian |  | Pakistani |  | Other Asian |  |
| **Black** | Black British |  | African |  | Caribbean |  | Other Black |  |  |  |
| **Mixed** | Asian & White |  | Asian & Black |  | Asian & Caribbean |  | White African |  | White Caribbean |  |
| **Other** | Chinese |  | Japanese |  | Middle Eastern |  | Turkish |  | Any other ethnicity |  |
| Please advise us of your First Language | | | | | English |  | Other (please state) | |  | |

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| **Communication Needs** | |
| Do you have any specific communication needs | For example, Large font, information verbally by telephone, interpreter etc..  ……………………………………………………………………………………………………………….. |

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| **Communication Services** | |
| Text Message | We can send you free text message to remind you of appointments. We can also text you at other time, for example instead of sending you a letter to remind you a vaccination/ blood test is due |
| Email | As above this will be used for recalls. |
| Signed Consent | I agree to receive test message and emails from the surgery. I am aware I can withdraw consent at any time by informing the practice in writing  Signed ………………………………………………… |

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| **Online Access to your medical records** |
| I wish to have access to the following online services (Please tick all that apply):   |  |  | | --- | --- | | 1. Booking appointments |  | | 1. Requesting repeat medications |  | | 1. Accessing my medical record |  |   I wish to have access to 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 |  | | 1. I will be responsible for the security of the information that I see or download |  | | 1. If I choose to share my information with anyone else, this is at my own risk |  | | 1. I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  | | 1. If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible |  |  |  |  | | --- | --- | | Signature | Date |   **For practice use only**   |  |  |  | | --- | --- | --- | | Patient identity verified by  (initials) | Date | Method  Photo ID  Proof of residence | | Authorised by: | Date | Date on-line account created: | | Level of access to record enabled:  Booking appointments  Repeat Medication  Summary Care Record  Coded Entries |  | Date password/user name sent: | |

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| **HEALTH DETAILS** | | | | | | | | | | | | |
| Height | m | | Weight | | kg | | | |
| **ALCOHOL** | | | | | | | | | | | | |
| Alcohol use can affect health and can interfere with certain medications and treatments. Your answers will remain confidential so please be honest. Use the guide to decide how many **units** you drink a week. | | | | | | | |  | | | | |
| Men: How often do you have EIGHT or more drinks on one occasion?  Women: How often do you have SIX or more drinks on one occasion? | | | | | | | | Never (O)  Lest than monthly(1)  Monthly (2)  Weekly (3)  Daily or almost daily (4) | | | | |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | | | | | | | | Never (O)  Lest than monthly(1)  Monthly (2)  Weekly (3)  Daily or almost daily (4) | | | | |
| How often during the last year have you failed to do what was normally expected of you because of drinking? | | | | | | | | Never (O)  Lest than monthly(1)  Monthly (2)  Weekly (3)  Daily or almost daily (4) | | | | |
| In the last year has a relative, friend, doctor or health worker been concerned about your drinking or suggested you cut down? | | | | | | | | Never (O)  Lest than monthly(1)  Monthly (2)  Weekly (3)  Daily or almost daily (4) | | | | |
| Total Score……………………… | | | | | | | |  | | | | |
| Do you drink any alcohol? | | Yes | |  | | No |  | How many **units** a week? | | | |  |
| **SMOKING** | | | | | | | | | | | | |
| Are you a smoker? | | Yes | |  | | No |  | How many a day? | | |  | |
| Would you like support and/or information on giving up? | | | | | | | | | | | If you wish to quit smoking please contact Quit 51 on 0800 622 6968 for further help and advice. Many thanks | |
| Stopped smoking? | | Yes | |  | | No |  | When? | |  | | |
| Never smoked? | | Yes | |  | | No |  |  | | | | |

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| **MEDICAL HISTORY** | | | | | | | | |
| Do you have, or have had, any serious health problems (including operations) / long term conditions? | | | | | | | | |
|  | | | **Details** | | | | | **Date Diagnosed** *(if known)* |
| Asthma |  | |  | | | | |  |
| Cancer |  | |  | | | | |  |
| COPD |  | |  | | | | |  |
| Chronic kidney disease |  | |  | | | | |  |
| Diabetes |  | |  | | | | |  |
| Epilepsy |  | |  | | | | |  |
| Heart Attack/Disease |  | |  | | | | |  |
| High blood pressure |  | |  | | | | |  |
| High cholesterol |  | |  | | | | |  |
| Osteoporosis |  | |  | | | | |  |
| Stroke |  | |  | | | | |  |
| Mental health problems |  | |  | | | | |  |
| Underactive thyroid |  | |  | | | | |  |
| Circulation problems |  | |  | | | | |  |
| Other serious illnesses |  | |  | | | | |  |
| Any operations |  | |  | | | | |  |
| **ALLERGIES** | | | | | | | | |
| Any known allergies | Yes |  | | No |  | Allergic to |  | |
| Details of the reaction |  | | | | | | | |

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| **FEMALES ONLY** | | | | | | | | | | |
| Date of last cervical smear? |  | | | | Result |  | | | | |
| Are you pregnant? | Yes |  | No |  | Have you had a hysterectomy? | | Yes |  | No |  |

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| **CHILDREN ONLY** | | | | | | | |
| Please provide details of all vaccinations | | | Date |  | | | Date |
| Diphteria/Tetanus/Whooping Cough/Polio/Hep B/Hib | 1 |  |  | Meningitis B | 1 |  |  |
|  | 2 |  |  |  | 2 |  |  |
|  | 3 |  |  | Booster | 3 |  |  |
| Pneumococcal | 1 |  |  | Rotavirus | 1 |  |  |
|  | 2 |  |  |  | 2 |  |  |
|  | 3 |  |  |  | 3 |  |  |
| Measles/Mumps/Rubella (MMR) | 1 |  |  | Hib Booster |  |  |  |
|  | 2 |  |  | Men C Booster |  |  |  |
| Preschool Diphtheria/Tetanus/Whooping Cough/Polio | |  |  | HPV | 1 |  |  |
| Rubella | |  |  |  | 2 |  |  |
| BCG | |  |  |  | 3 |  |  |
| Teenage booster Diphtheria/Tetanus/Polio | |  |  | Other: | |  |  |
| Men ACWY | |  |  | Other: | |  |  |

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| **FAMILY HISTORY** | | | | |
| Have any of your immediate relatives (brothers/sisters/parents) had any of the following:  *Tick box if applicable and give details if you can.* | | | | |
|  | | **Details** | **Relationship** | **Date** *(if known)* |
| Heart attack or angina before age 60 |  |  |  |  |
| Heart attack or angina over age 60 |  |  |  |  |
| Asthma |  |  |  |  |
| Diabetes |  |  |  |  |
| Stroke |  |  |  |  |
| Cancer |  |  |  |  |
| Any inherited diseases |  |  |  |  |

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| **AGE 75 AND ABOVE ONLY** | | |
| Have you had any falls in the last year | Yes / No | If so, how many …………. |
| Have any falls resulted in hospital admission | Yes / No |  |
| Do you have any concerns with regard to your memory | Yes / No |  |
| Do you have any mobility issues | Yes / No | Please specify…………………………………………………… |

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| **Accountable/Named GP** |
| Your named GP is **Dr I Allsebrook**  From 1st April 2015 practices are required under the contract to allocate a named, accountable GP to all patients.  Having a named GP does not prevent you from seeing any other doctor in your practice. Yours named GP will not always be available and, if you needs are urgent, you will need to discuss them with an alternative doctor. |

**ARMY VETERANS**

If you are an ARMY VETERAN please select this box

\*We will record this information in your medical record.

**SUMMARY CARE RECORD (SCR)**

The NHS in England has introduced the Summary Care Record, which will be used in emergency care.

The record will only contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

**If you would like a Summary Care Record** then you do not need to do anything and a Summary Care Record will be created for you. **If you do not want a Summary Care Record** then please sign the opt-out below.

For more information talk to our Patient Advice and Liaison Service (PALS) on 01522 582901, practice staff or visit the website [**www.nhscarerecords.nhs.uk**](http://www.nhscarerecords.nhs.uk), or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing us.**

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian completes an opt-out form on their behalf requesting us to consider opting them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

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| **SUMMARY CARE RECORD OPT-OUT** | | | | |
| *Only complete if you want to opt-out* | | | | |
| **I do *NOT* want a Summary Care Record** | |  | | |
| Signature  *(Patient/Patent/Guardian)* |  | | Date |  |

**ENHANCED DATA SHARING MODEL (EDSM)**

***Sharing of your medical records between health professionals***

This patient record sharing system will allow you to decide whether you would like to share securely details of your electronic medical record from GP and from other NHS healthcare organisation, where you may be receiving NHS care. If you consent your care record held by your GP practice or medical service will be shared with other medical services involved in your care (such as district nursing, health visiting, physiotherapy, podiatry, Out of Hours (OOH) providers in our area).

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| **ENCHANCED DATA SHARING CONSENT:** | | | | | | |
| 1. Would you like to share your record held here with other services that are/will be providing you care in the future? | | | Yes |  | No |  |
| 1. Would you like to share your data recorded at other services with your GP surgery? | | | Yes |  | No |  |
| Signature  *(Patient/Patent/Guardian)* |  | Date |  | | | |

**CARE.DATA PROGRAMME**

***Sharing of your medical records with third party organisations not for your direct medical care.***

GP practices across England will be required to supply patients’ personal and confidential medical information, on a regular and continuous basis, to the Health and Social Care Information Centre (HSCIC). Care.data will make increased use of information from GP medical records with the intention of improving healthcare, for example by ensuring that timely and accurate data are made available to NHS Commissioners and providers so that they can better design integrated services for patients. In the future, approved researchers may also benefit. The HSCIC will link Personal Confidential Data (PCD) extracted from GP systems with PCD from other health and social care settings. If you are happy for your information to be used in this way ***you do not have to do anything.***

Although GP practices cannot object to this information leaving the practice, individual patients and their families can instruct their practice to prohibit the transfer of their data, i.e. you have **the right to opt-out.**

**Further information can be obtained by calling the dedicated patient information line 0300 456 3531**

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| **CARE.DATA PROGRAMME: OPT-OUT** | | | | |
| *Only complete if you do NOT want your confidential personal information uploaded to and shared with Health and Social Care Information Centre (HSCIC)* | | | | |
| 1. **Dissent from secondary use of GP patient identifiable data** | | | |  |
| 1. **Dissent from disclosure of personal confidential data by Health and Social Care Information Centre** | | | |  |
| Signature  *(Patient/Patent/Guardian)* |  | Date |  | |

**DIFFERENCES BETWEEN EDSM AND CARE.DATA**

**Enhanced Data Sharing Model (EDSM)** is the sharing of details of your clinical record between the various clinicians who are or will be involved in your clinical care (your GP, local hospitals, district nurses, out of hours, health visitors etc). This data is only used for your direct medical care.

**Care.data** is Government’s programme to share your medical information with both clinical and non-clinical bodies, including third parties in the public and private sector. This data will be used for purposes other than your direct medical care, so-called secondary users.

**EDSM** requires your permission (opt-in) for your data to be shared. You may be asked this when you visit your surgery, hospital or other medical organisation involved in your medical care.

The **Care.Data** programme will automatically opt you in unless we receive your instructions that you do not wish to have your data shared with outside organisations (opt-out).

**Please use the space below for any other relevant information regarding your health needs you would like us to be aware of:**

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**Please return this completed form with:**

* **Purple form**
* **Photo ID and/or proof of address**
* **Children under the age of 16 birth certificate**

**Thank you**

**Harrowby Lane Surgery**

**Harrowby Lane, Grantham, Lincs,NG31 9NS**

**Tel: 01476 579494**

**Fax: 01476 579694**

**www.harrowbylanesurgery.co.uk**