

CONFIDENTIAL NEW PATIENT QUESTIONNAIRE FOR PATIENTS 5 YEARS & OVER

PLEASE COMPLETE ALL RELEVANT SECTIONS IN BLOCK CAPITALS
WE REQUIRE PROOF OF IDENTIFICATION & A RECENT PROOF OF ADDRESS TO REGISTER.

NPHC:

PERSONAL INFORMATION		
Title:	Forenames:	Surname:
DOB: / /	Sex: M / F	Marital Status:
Telephone No:		Mobile No:
Address:		
Postcode:		
If you are happy to be contacted for routine matters via e-mail then please write your e-mail address here:		
Person to contact in an emergency: Their relationship to you: Their Telephone No:		
Have you previously been registered or received treatment at our surgery before? YES / NO		

MEDICAL HISTORY			
<i>Please list any allergies, serious illnesses, accidents or operations including when and where you received treatment:</i>			
<i>If you are currently receiving treatment please give details:</i>			
<i>Do you have a disability? If so, please give details:</i>			
<i>Please tick if you are suffering from or have suffered from any of the following:</i>			
Hayfever	Asthma	Lung problem	Eczema
Blindness	Glaucoma	Epilepsy	Depression
Diabetes	High blood pressure		Stroke
Heart attack	Thyroid problem		Cancer

MEDICATION
Are you allergic to any medication? If so, please specify:
Are you taking any drugs or medicines <u>prescribed</u> by your doctor? If so, list below:
Are you taking any drugs or medicines <u>not prescribed</u> by your doctor? If so, list below:
If you require treatment for drug addiction, please check with a receptionist to see if we currently have places available on our drug rehabilitation programme.

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IMMUNISATIONS		
Please tick if you have been immunised against the following & give date if known:		
Polio	Polio booster	Rubella
Tetanus	Tetanus booster	Hepatitis B

SMOKING
Please tick and give relevant numbers as applicable
<input type="checkbox"/> I have never used tobacco
<input type="checkbox"/> I used to smoke..... (max /day) but gave up..... mnths/yrs ago
<input type="checkbox"/> I still smoke..... cigarettes / cigars / pipes a day
If you want to give up smoking, please ask reception for an appointment with a 'stop smoking nurse'.

HEIGHT & WEIGHT MEASUREMENTS
Height..... Weight.....

EXERCISE
If you take part in sport or regular exercise, please give details of what you do & how often:
Do you think you are fit & maintain a healthy lifestyle? Please give details:

ARE YOU A CARER?
Do you look after someone who is ill, frail, disabled or mentally ill? YES / NO
If you are a carer, we would like to support you. Please ask at reception for a carer's form.

FOR WOMEN ONLY – please complete where appropriate	
Pregnancies: Have you had any pregnancies? YES / NO If YES, how many?	
Did you have any associated difficulties with your pregnancy? If so, please give details:	
Oral contraceptives: Brand name: Length of time you have been taking it:	
Breast screening: I had my last breast screening on date: / / I have never had breast screening <input type="checkbox"/>	
Cervical Smears:	
I had my last smear on date: / /	The result was:
My smear was taken at (please tick appropriate box)	
GP/Clinic in Oxford:	GP/Clinic outside of Oxford:
Elsewhere:	I have never had a smear test:
Signed:	Date: / /

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ETHNICITY AND LANGUAGE

Please tell us which is your ethnic group, please ***tick one box only***:

ETHNICITY			
British or mixed British	<input type="checkbox"/>	Pakistani or British Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi or British Bangladeshi	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Other mixed background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Indian or British Indian	<input type="checkbox"/>	Other	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
I do not want to give my ethnic group	<input type="checkbox"/>		<input type="checkbox"/>

LANGUAGE
Please tell us which is your first language

Why are we are collecting information about your ethnic group and language?






Everyone belongs to an ethnic group. We are asking all our patients to tell us which ethnic group they belong to, and which is their first language. This will help to improve services in our Practice and the NHS by:

- **Understanding the needs of our patients more clearly**
- **Identifying risk factors:** some ethnic groups are more at risk of specific diseases or may have special healthcare needs
- **Improving public health:** by making sure services are fair & reach all local communities
- **Complying with the Race Relations (Amendment) Act 2000**

The 16 ethnic groups are taken from the national census & is not intended to leave out any group of people. Please find the group that best describes your ethnic group. If you tick a box in **Section E 'Other Ethnic Groups'** please give us some details.

You do not have to complete the form. Any information you give will be treated as part of your confidential NHS records. If you have any concerns or questions about this form please contact us

**CONFIDENTIAL NEW PATIENT QUESTIONNAIRE FOR PATIENTS 5 YEARS & OVER
ALCOHOL QUESTIONNAIRE (Age 16 years & above) – HOW MUCH IS TOO MUCH?**

U N I T					
	Pint of Regular Beer/Lager/Cider	Alcopop or Can of Lager	Glass of Wine (175 ml)	Single Measure Of Spirits	Bottle of Wine

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	10 +	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

If you have scored less than 5, please STOP here

If you have scored 5 or more, please complete the following questions:

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/ doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

If your combined score in the two tables is 8 or more:

Please ask Reception for a leaflet & book an appointment with a doctor or nurse



Sharing your medical information – your healthcare, your choice

Your patient record is held securely and confidentially on an electronic system controlled by your GP Surgery.

If you need treatment in another NHS healthcare setting, such as an Emergency Department, Out-of-Hours GP or Minor Injury Unit, the professionals treating you can give you safer care if medical information from your GP Surgery is available to them.

This document explains the different ways your medical information can be shared with those professionals, if you choose to allow this.

Your health information can now be shared electronically through these systems:

1.	The Summary Care Record:	Used nationally across England
2.	The Oxfordshire Care Summary and the Out-of-Hours GP records sharing system	Used locally by healthcare professionals in Oxfordshire

In all these cases, your information will be viewed **only by authorised healthcare professionals directly involved in your care**. You will be asked for your permission before the information is accessed, unless the health professional is unable to ask you and there is an important clinical reason for accessing it.

If you do not want your information shared, we will put an entry on your record which will prevent this. It is important to note that if you make this choice, the health professionals using these systems will not be able to view your health information in an emergency, even if you give them permission to do so at the time.

For more details of these systems, please see overleaf.

A parent or guardian can ask to opt out children aged under 16 but ultimately it is the GP's decision whether to do this, because their duty of care to the child has top priority. If you care for a child under 16 and feel that they are able to understand this decision, then you should make this information available to them and seek their view.

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Please complete the form below and return it to your GP Surgery

It is important to complete and return this form, as your GP cannot make a decision for you. Without your instructions, we cannot guarantee that your wishes will be met, even if you have previously made this choice in another GP Surgery.

<i>Patient details</i> (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):		Email:	
Date of birth:		NHS number (if known):	
Signature:		Date:	

FOR PARENTS, GUARDIANS and ATTORNEYS ONLY – <i>If the person identified above is not the patient, please also enter the signatory's name and relationship to the patient:</i>			
Full name:		Status:	
Signature:		Date:	

Your choices:

	I wish to share my information	I do NOT wish to share my information
Summary Care Record (national NHS system) <i>Please tick one of these boxes:</i>		
Summary Care Record with Additional Information* (see next page) <i>Please tick one of these boxes:</i>		
Oxfordshire Care Summary and the Out-of-Hours GP records sharing system (local NHS system) <i>Please tick one of these boxes:</i>		

Comparing the different NHS information sharing systems

	Out-of-Hours GP Records Sharing	Oxfordshire Care Summary	Summary Care Record
Access	<ul style="list-style-type: none"> Only available for patients registered with GP Surgeries located in Oxford (including Kennington) The patient's electronic GP record is shared securely with GPs and clinicians working in the Out-of-Hours (urgent care) GP service, which is provided by Oxford Health NHS Foundation Trust 	<ul style="list-style-type: none"> Available across Oxfordshire Across health care settings, including urgent care, community care and outpatient departments Information is shared with GPs and clinicians working for Oxford Health NHS Foundation Trust, Oxford University Hospitals Trust, and South Central Ambulance Trust 	<ul style="list-style-type: none"> Available across England Across health care settings, including urgent care, community care and outpatient departments Information is shared with GPs and clinicians working for Oxford Health NHS Foundation Trust, Oxford University Hospitals Trust and South Central Ambulance Trust
Information source	<ul style="list-style-type: none"> Your GP record 	<ul style="list-style-type: none"> Your GP record Other medical records held by different NHS organisations in Oxfordshire 	<ul style="list-style-type: none"> Your GP record
Content	<ul style="list-style-type: none"> Your current medications Allergies and bad reactions you have had to medicines A more complete medical history including details of consultations at your GP Surgery Test results and X-ray reports Your vaccination history General health readings such as blood pressure Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls Care / management plans Correspondence added to your record, such as referral letters, clinic letters and discharge summaries. 	<ul style="list-style-type: none"> Your current medications Allergies and bad reactions you have had to medicines A summary of your medical history and diagnoses Test results and X-ray reports Your vaccination history General health readings such as blood pressure Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls Care / management plans Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> Your current medications Allergies and bad reactions you have had to medicines Additional information (upon request to your GP) - further information is available here: http://systems.hscic.gov.uk/scr/gppractices/additional/index.html <p>*Additional information includes:</p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations <p>Further information can be added (upon request to your GP)</p>
For more info visit:	<ul style="list-style-type: none"> www.OxFed.uk 	<ul style="list-style-type: none"> www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/ 	<ul style="list-style-type: none"> www.nhscarerecords.nhs.uk www.oxfordshireccg.nhs.uk/your-health/summary-care-record/

Please note that these systems will be used **only** for the purpose of improving your personal healthcare. They are **not** part of the Health and Social Care Information Centre (HSCIC) single database care.data project.