

The Downland Practice

Section 1 - Adult Registration Health Questionnaire

Please complete as many questions as you can and return to the surgery. This information will help us to provide better medical care and will be treated as strictly confidential.

Title: Mr / Mrs / Miss / Ms / Mx Date of Birth:

Surname: Home No:

First Name(s): Mobile No:

Preferred name: Email:

Address: Other:

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Children:	Name	Date of Birth	Foster child/under care?	Learning Disability?
1.	Yes/No	Yes/No
2.	Yes/No	Yes/No
3.	Yes/No	Yes/No
4.	Yes/No	Yes/No

Does anyone else live in the property apart from the above? YES / NO
If yes, please give details below:

Name: DOB:

Name: DOB:

Have you served 24 hours or more as a reserve or regular in the Armed Forces? YES / NO

What is your preferred language for communication?

If English is not your preferred language for communication, or you require a sign language interpreter, we may be able to arrange a professional interpreter to attend your appointments with you. If you would prefer a friend or relative to translate for you, we will need your consent to share details of your medical records with them first (please complete section 4 consent form).

YOUR HEALTH (Please delete as appropriate)

Do you have any ongoing medical conditions? YES / NO

If yes, please make an appointment with your usual GP

Do you have a learning disability? YES / NO

PTO.

DRUGS AND TREATMENT (Please delete as appropriate)

Are you on any regular medication(s)? YES / NO

If yes, please make an appointment with your usual GP and bring your most recent repeat slip or original drug boxes with labels. Please book this before your current medication runs out to ensure continuity of your treatment.

Have you had any serious allergic reaction to medicines? YES / NO

If yes please give details:

FAMILY HISTORY (Please delete as appropriate)

Does anyone in your immediate family (parents or siblings) have diabetes? YES / NO

Does anyone in your immediate family (parents or siblings) suffer from or have a history of angina or heart attack diagnosed under the age of 60 years? YES / NO

LIFESTYLE (Please delete as appropriate)

Are you a carer? YES / NO (E.g. look after an adult who without your support could not live independently, or look after a disabled child)

If yes: Who do you care for?

What is your relationship to them?

What is your occupation?

If retired, what was your occupation?

Height: Weight:

Smoking Habit (please circle): Never smoked / ex-smoker/ smoke 1-9 /10-19 / 20-39 / 40+ cigarettes per day

Year started/stopped smoking:

Are you trying to give up smoking? YES / NO

<u>ALCOHOL CONSUMPTION</u>					
How many units of alcohol do you have on a typical day when you are drinking? (Please circle)	1-2	3-4	5-6	7-8	10+
How often do you have a drink that contains alcohol? (Please circle)	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year? (Please circle)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Units:

Pint of 3.5 – 4% beer/lager = 2 units.

Pint of 5.2% beer/lager = 3 units.

Small 12% (175ml) glass of wine = 2 units.

Large 12% (250ml) glass of wine = 3 units.

Small 25ml spirits = 1 unit (Some pubs sell 35ml spirits = 1.5 units) Alcopops 5% = 1.4 units

Section 2 - Sharing of your information for your care

We as your General Practice (GP), hold a lot of important information about you, such as any long term conditions, medicines and allergies. If you become unwell and need care from another organisation, such as at a hospital appointment, going to a Minor Injuries Unit/Emergency Department, Out of Hours service or from social workers, your information is shared electronically via secure systems to support your care.

In all cases, your information is only accessed and used by authorised health and social care professionals in organisations who are involved in providing or supporting your direct care and they only see data they need to. Your information is kept confidential and secure at all times. We will not use your information for any other purpose but to provide you with the best possible care.

We and the local health and care services are working more closely together to provide safe, efficient and timely care to ensure that we meet your needs and provide you with the right care, at the right time. This means that when you see your doctor, nurse, social worker, therapist, paramedic or mental health practitioner they will have fast access to all the information that they need to care for you at their fingertips.

If you would like to find out more about shared care records talk to your GP surgery or with the staff delivering your care.

Your Data Matters to the NHS

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments. In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

Choosing if your data from your health records is shared for research and planning

The NHS also offers individuals the chance to opt out of their records being used for purposes other than their direct care. Whilst many uses of data only use anonymised data, there are some uses that need some identity and these are the ones you can opt out of.

More detail on this opt-out and how you can make your choice can be found at:

<https://www.nhs.uk/your-nhs-data-matters/>

Section 3 - Patent Online Access Application

You can now use the internet to book appointments (subject to availability), request repeat medication, and view your medical records online. These services are still available by calling us; signing up to Online Services is entirely voluntary.

If order to sign up for online access, we will ask you to show a form of photographic ID (e.g. driving licence or passport). You will need to show this in person at the surgery so our team can confirm your identity.

You will be given login details, so you will need to think of a password which is unique to you to ensure that only you are able to access your record. It is your responsibility to keep your login details safe and secure. If you know or suspect that your record has been accessed by someone without your consent, you should change your password immediately. If you can't do this for any reason, please contact the practice so that we can remove your online access until you are able to reset your password.

If you print out any information from your record, it is your responsibility to keep this secure. For more information on keeping your health records secure, visit:
<https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use the service responsibly or if there is evidence that access may be harmful to you. The practice will explain the reason for withdrawing access to you in this event.

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/or not easily understood. If you have access to your medical records, test results, or documents, you may see something that you find upsetting or worrying. This may occur before you have spoken to your doctor or while the surgery is closed. If this happens or you require further clarification on something, please contact us at:

www.downlandpractice.nhs.uk/navigator/ask-the-practice-a-question/

For more information on NHS online services, please visit:

www.nhs.uk/nhs-services/gps/using-online-services/

Section 3 (cont.) - Patient Online Access Application Form

Surname	Date of birth
First name(s)	
Address	Postcode
Email address	
Landline 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	<input type="checkbox"/>

I understand and agree with each of these statements (please tick):

1. I have read and understood the information sheet provided to me 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. The practice reserves the right to remove access to online services if this is deemed to be in my best interest and I will be notified in this event.	<input type="checkbox"/>
5. If I suspect that my account has been accessed by someone without my consent, I will contact the practice as soon as possible.	<input type="checkbox"/>
6. If I think I may come under pressure to give access to someone else against my will, I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature	Date
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For Reception use:

Identity verified by (initials)	Date	Method (tick)
		<input type="checkbox"/> Driving licence <input type="checkbox"/> Passport <input type="checkbox"/> Student card <input type="checkbox"/> Other (please state):

For Reception use (or admin if at point of registration):

Date access enabled
Date credentials email sent/printed
Level of record access enabled
<input type="checkbox"/> Appointments <input type="checkbox"/> Repeat medication <input type="checkbox"/> Detailed coded record

Section 4 – Consent for disclosure of your medical information

Patient confidentiality applies to patients of all ages. Patients of all ages can choose to see a medical professional without telling anyone else.

It is common for patients **under 16** to involve their parent/guardian in their care and treatment. However, we understand there may be occasions on which you don't want your parent/guardian involved. If you are under 16 and do not wish for your parent/guardian to manage your appointments, talk to us about you, or be made aware of any specific treatment you are having, please let us know or speak to your doctor.

If you are **over 16**, the law assumes (unless there is evidence to suggest otherwise) that you are competent to consent to your own treatment in most cases. As such, we will not discuss your care with anyone else unless you consent for us to do so. **If you would like to give a named individual consent to discuss your records with us, manage your appointments, and/or interpret during appointments for you, please ask our team for a consent form.** This is entirely voluntary, and you can change your mind at any time.

There are some recognised occasions on which medical professionals may be required to disclose your information, regardless of your age. For more information, please see <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/disclosures-for-the-protection-of-patients-and-others>

Further information

All ages: www.nhs.uk/conditions/consent-to-treatment/

Young people (18 and under): www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines