

Questionnaire for New Patients

In order to prevent fraud we politely request that all new patients provide **two** means of identification. One that contains a photo and one showing your current address. Allowable documents are: birth/marriage cert, driving license, passport, paid utility bills, bank statements, National Insurance card, Benefits Agency book P45 etc. Please ask our receptionist for other allowable forms of identification.

About You

Surname:	Forename
Date of Birth:	Male / Female
Address:	Identification provided: i) ii)
Contact Info: Home: Mobile Work: Email:	
Do you consent to the surgery sending text messages to your mobile?	Yes / No
Do you consent to the surgery sending messages to you by email?	Yes / No
Do you have a carer, or do you care for someone else? If yes, please provide details with contact numbers if applicable	Yes / No
Do you have any communication needs? If yes, please provide details	Yes / No
Are you a military veteran?	Yes / No
Do you have a nominated Pharmacy for Electronic Prescribing? If so, which one?	Yes / No
We offer an in-house dispensing service to patients who live more than one mile (in a straight line) away from a pharmacy. If you are eligible for this service we will automatically sign you up. Please let us know if you do NOT want to use this service.	

Is your first language English? Yes / No If no please state:

Ethnicity (please tick box):

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	Other Ethnic Groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not stated
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Your Medical Details

Your Height	Your Weight
Your Waist Measurement (if known) cm / inches	

Do you have any allergies? Yes / No
If yes, please give details

Are you currently taking any medication? Yes / No
If yes, please give details. If there are prescription only medicines, please make an appointment to see a doctor bringing any medication with you.

Smoking

I have never smoked I used to smoke but gave up in I currently smoke

Smoking is the UK's single greatest cause of preventable illness

Stopping smoking is not easy but it can be done and there is now a comprehensive NHS Smoking Cessation Service offering support and help to smokers wanting to stop, with cessation aids available on NHS prescription.

If you would like help and advice on how to give up smoking, please ask at reception or make an appointment with a GP

Medical History

Do you, or any of your close relatives, suffer from the following? (If yes, please state who, i.e. Yourself, Mother, Father, Brother, Sister, Grandparents, Aunt, Uncle)

Ischaemic Heart Disease Heart attack, Angina, Coronary Heart Disease	
High Blood Pressure	
Stroke / TIA	
Diabetes	
Asthma	
Chronic Lung Disease	
Cancer – Please state type, if known	
Mental Health Problems	

Medication (Please include prescribed and non-prescribed medication including over-the-counter drugs, alternative remedies and recreational substances, with doses and frequency. Please attach repeat order form if you have one).

Name of Medication	Dose	How often

PLEASE NOTE that for all new patients the doctors need to assess previously prescribed medication before we can prescribe. Also, when consultants, both NHS and private, prescribe new or altered medication we may also need to review these.

We follow local and national guidelines in order to provide the most evidence based care to all our patients. In some cases where previous prescriptions do not follow current guidelines these may need to be altered.

Drinking

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 a month	2-3 times a week	4+ times a 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	
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 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 last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence

Please note that, depending on your score, you may receive further information from us.

I can confirm that the information provided is correct

Signed

Date

More information about our surgery can be found at: www.liphookandlissurgery.co.uk

Confidentiality & Data Sharing

Protecting our patients' confidentiality is something we take very seriously.

To ensure you receive the right care we may share information about you and your care with other health professionals. We will only use or pass on identifiable information about you with other health professionals who are involved in the direct provision of your care. We will not disclose your identifiable information to anyone else without your permission unless in exceptional circumstances (i.e. life or death situations), or where the law requires it.

By registering with this practice you are consenting to your information being shared.

Care and Health Information Exchange (CHIE)

CHIE is a secure system which shares health and social care information for people living in Hampshire, the Isle of Wight and surrounding areas. To protect patient privacy and confidentiality, only *health and social care professionals who are involved in the care of a particular patient are allowed access to CHIE.*

If you do not want to have your information shared please advise the surgery in writing and we can ensure a code is applied to your medical records.

Summary Care Record

The SCR is a national electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

At a minimum, the SCR holds important information about current medication, allergies (and details of any previous bad reactions to medicines) the name, address, date of birth and NHS number of the patient. Patients can also choose to include additional information in the SCR, such as details of long-term conditions, significant medical history, or specific communications needs.

If you are registered with a GP practice in England your SCR is created automatically, unless you have opted out. You can talk to your practice about including additional information to do with long term conditions, care preferences or specific communications needs.

Integrated Primary Care Access Service (IPCAS)

Patients now have the opportunity to book an appointment to see a GP or a nurse outside normal practice opening hours.

Locally our service will run from Petersfield Community Hospital and will be staffed by local GPs and nurses. Once you consent to an appointment being booked, staff will have access to your notes for the duration of the appointment in order to be able to offer you full medical care. If you do not book an appointment, your notes will not be accessible.

The IPCAS is not directly bookable by patients; staff at the surgery can offer a routine appointment within the service when you call to book an appointment. Additionally, if you have cause to call **111** on a Saturday you may be signposted to the IPCAS instead of to the Out of Hours doctor.

When booking an appointment in IPCAS you will be asked for your consent to share your record. On arrival at the service the clinician consulting you will again seek permission to access your records.

The clinical system will also have a full audit record for any occasion that your records have been accessed.

If you are happy for your data to be available this way then you do not need to do anything.

A copy of the Practices **Privacy Policy** can also be accessed via the website.

If you do not have access to the internet a leaflet is also available from reception.



Online Services

Patient Online services have been developed to help patients take greater control of their health and wellbeing and can be more convenient for some patients to use instead of contacting the Practice. Online services include:

Booking Appointments Online

A proportion of our appointments for GPs have been allocated for online bookings. These appointments will be released as per our usual appointment protocol, i.e. patients will be able to book up to four weeks in advance.

Nurse appointments are not currently available to book online due to various different time slots required for certain procedures. However, appointments for straightforward blood tests are available online.

Ordering Repeat Prescriptions

This service is available to those who already have regular, repeat medication prescribed.

Patients are asked to maintain the usual notice period for prescription requests (i.e. 2 working days' notice, or 3 working days for pharmacy collection).

Viewing Detailed Information from Medical Records

A GP will review your record before allowing access online. There may be circumstances where a GP may not think it is in your best interest for you to look at your records online or to share all of the information in your record. In particular, there may be circumstances where it is likely to cause serious harm to your physical or mental health, or condition, or any other person, in which case the GP would withhold that information.

If this happens, the GP will discuss their reasons for their decision with you.

Sharing your Information

It is for you to decide whether or not you share your information with others - perhaps with family members or carers. It is your choice, but also your responsibility to keep the information safe and secure.

Forgotten History

There may be something you have forgotten about in your record that you may find upsetting.

Abnormal Tests

If you are given access to test results, you may see something that you find upsetting, or do not understand. This may occur before you have spoken to a doctor or while the surgery is closed and you cannot contact them.

For information on accessing the records of others please see our website for more information.

<http://www.liphookandlissurgery.co.uk/surgery-info/access-to-records/>

Online Access Application – Over 16's only

Please complete this form and return to the Practice together with Photographic ID.

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

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical records	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement.

(please 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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

We ensure that your personal medical information is kept secure while it is on our computer system; however your personal and medical information becomes your responsibility when accessed. Please be aware of the greater importance of protecting your Patient Access security information, particularly if you print out any information from your record. If you know or suspect that your record has been accessed by someone who you have not agreed should see it, please change your password immediately.

Signature		Date	
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PIN ISSUED BY:

DATE: