

Data Sharing

<u>Summary Care Record</u>	
Your summary care record contains information relating to your Medication, Sensitivities, Allergies and Adverse Reactions to other Health Care Professionals in an emergency situation. Examples may include contact with GP out of Hours service, Emergency visits to A&E and being seen as a Temporary Resident by a GP whilst on holiday etc. You will always be asked by the clinical staff for your permission to view your SCR. (if consenting please sign ONLY no. 1 or no. 2 option)	
1. I consent to my Medication, Sensitivities, Allergies and Adverse Reactions to be included in the Summary Care Record.	Signed:
Or you may want to include other important information on your Summary Care Record which you think would be helpful in an Emergency situation such as significant medical conditions, e.g. diabetes, epilepsy etc or end of life information	
2. I consent to my Medication, Sensitivities, Allergies, Adverse Reactions and additional information opposite to be included in the Summary are Record.	Signed: Please list any information you do not want adding:
I do not wish to be included in the Summary Care Record but understand that I can change my mind regarding this at any time.	Signed: You must complete an Opt-out form. These are available from Reception.

<u>Enhanced Data Sharing Model (eDSM)</u>	
This is a local information sharing initiative where other services who use the same clinical system as Newbold Surgery can access your detailed medical records as part of your appointment with them. It allows services such as District Nurses, Physiotherapy and certain Hospital services to enter information directly in to your records and share it with your GP Practice. It is important that we know about your treatment to allow us to safely monitor your care You will always be asked prior to access for confirmation of your consent to share. Please sign below if you consent to eDSM	
I am happy for my GP Practice to receive information about my consultations with clinicians in other health care settings	Signed:
I am happy for information held at my GP practice to be shared via eDSM with clinicians treating me in other health care settings	Signed

NEWBOLD SURGERY New Patient Questionnaire

Please complete the following questionnaire. This will enable us to assess any treatment you may need in the near future. Any other medical history will be transferred from your medical records when we receive them from your previous GP.

PLEASE NOTE: This can take up to 4 months

Please complete ALL questions	
Full Name:	Today's Date:
	Date of Birth:
Post Code:	Marital Status:
*Home Tel:	NHS No:
*Mobile Tel:	Ethnic Origin: (Please circle)
	White British White Other Chinese
	Indian or British Indian Asian Chinese
I consent for communications to be sent via text message and email. Signed:	Pakistani or British Pakistani Polish
I DO NOT consent for communications to be sent via text message and email. Signed:	Bangladeshi or British Bangladeshi
*It is extremely important that we have up to date telephone numbers in case we have to contact you urgently.	Asian Other Caribbean Black Other
	African Mixed – White/Black African
Email Address:	Mixed – White/Asian Mixed - Other
	Mixed – White/Black Caribbean
	Other Ethnic Background

Next of Kin Details:


Name:	Relationship:
Address:	
Telephone No:	

Carers Information:

Do you have a Carer?	Yes	No
Are you a Carer?	Yes	No
Do you look after someone who needs support due to a physical or learning disability or illness?		

Please inform us immediately if your circumstances change and you are no longer a carer

Basic Health Information:

Height:		Weight:	
Do you suffer from any allergies?			
Are you sensitive to any medication?			
Are you a member of the Armed Forces?			
Have you ever served in the Armed Forces?			
Are you the partner or child of a member or previous member of the Armed Forces?			
Do you smoke? 			
Yes	No	If you are a current smoker How many per day? Cigarettes: Cigars: Pipe: Rolling Tobacco:	
Have you ever smoked?	Yes	No	
Date stopped smoking?			
Stop Smoking Cessation Advice If you would like advice and support to help you to stop smoking you can self-refer to one of our local NHS Stop Smoking Services. For FREE local support call: Derbyshire County Stop Smoking Service on 0800852299 or 01246 868425. Alternatively www.nth.nhs.uk/stopsmoking has more information. Some Pharmacies also offer this service.			

<u>Alcohol Consumption Questions</u>	<u>Scoring System</u>					<u>Your Score</u>
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Only answer the following questions if your score above is 2 or more.

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	
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	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	Never		Yes, but not in the last year		Yes, during the last year	

Accessible Information Standards:

Do you have a learning difficulty, vision impairment or sensory hearing loss?	Yes	No
Do you have any special communication or information needs?	Yes	No
If yes, please tell us more about your preferred method of communication and information so we can do our best to support you		

Current Medical Conditions

PLEASE INFORM US IMMEDIATELY IF YOU HAVE ANY SERIOUS MEDICAL CONDITION OR ARE UNDER THE HOSPITAL AT THE MOMENT FOR ANY TREATMENT WHICH MAY NEED FOLLOW UP

We are pleased to offer you a New Patient Health Check within the next 6 months. Please telephone the surgery 2 weeks after completion of this form to book an appointment if you would like one. (Only suitable for 15yrs or above)

Females Only

Are you currently Pregnant:	Yes:	No:
Due Date:		
Please inform us if you are due for a smear test or breast recall in the near future		

Electronic Prescribing

PLEASE NOTE: If you were registered at your previous practice for electronic prescribing, your prescriptions will continue to go to your original designated pharmacy until you register at a local pharmacy close to your new home.

On-Line Services

We offer online services for appointment booking, repeat prescriptions and access to records. To register and obtain a secure password, you will need to provide ID. Please ask at Reception for further information

Please return this questionnaire to reception with your Registration Form
Your Registration will not be processed without this information
 Thank you