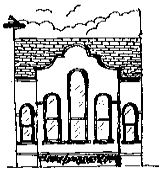
PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK



MILL HILLSURGERY NEW PATIENT QUESTIONNAIRE FOR PATIENTS ***UNDER 18***

PERSONAL DETAILS

SURNAME: …….. FIRST NAME(S): ……..

DATE OF BIRTH: ……/……/…….. TOWN/COUNTY OF BIRTH: ……..

NHS NUMBER ……..

CONTACT DETAILS

YOUR MOBILE NUMBER (IF APPLICABLE): ……..

PARENTS/GUARDIANS WITH LEGAL PARENTAL RESPONSIBILITY

1. NAME……DOB…… RELATIONSHIP: ……..

   CONTACT NUMBER…… EMAIL ADDRESS……

2. NAME……DOB…… RELATIONSHIP: ……..

   CONTACT NUMBER…… EMAIL ADDRESS……

EMERGENCY CONTACT IF PARENTS ARE UNAVAILABLE

1. NAME……RELATIONSHIP: ……..

   CONTACT NUMBER……EMAIL ADDRESS……

GENDER : MALE ☐ FEMALE ☐

Ethnicity	☐ British	☐ African	☐ Bangladeshi	☐ Caribbean
	☐ Chinese	☐ Indian	☐ Irish	☐ Other White
	☐ Other Asian	☐ Other Black	☐ Other Mixed	☐ White Asian
	☐ Pakistani	☐ W&B African	☐ Refuse to divulge	

NURSERY/SCHOOL DETAILS

Name of School/Nursery:……..

Address : ……

……Postcode ……

Telephone number ; …….

START Date of school …… DATE left previous school……

COMMUNICATION/ACCESS TO INFORMATION (THE ACCESSIBLE INFORMATION STANDARD)

DO YOU SPEAK ENGLISH? YES☐ NO☐

IF NO, WHAT LANGUAGE INTERPRETER DO YOU REQUIRE? …….

DO YOU HAVE HEARING PROBLEMS? YES☐ NO☐

IF YES, DO YOU USE ANY OF THE FOLLOWING

LIP READING? YES ☐ NO☐ TEXT PHONE MINI/COM? YES☐ NO☐

BRISTISH SIGN LANGUAGE? YES☐ NO☐

DO YOU HAVE VISUAL PROBLEMS? YES☐ NO☐

IF YES, DO YOU REQUIRE INFORMATION/COMMUNICATION IN ANOTHER FORMAT?

LARGE FONT? YES☐ NO☐ **BRAILLE?** YES☐ NO☐ **AUDIO?** YES☐ NO☐

I DO NOT READ ENGLISH AND SOMEONE IS HELPING ME COMPLETE THIS FORM YES ☐ NO☐

IF YES, WHAT LANGUAGE CAN YOU READ?.....

WE AIM TO MEET YOUR COMMUNICATION NEEDS, PLEASE GIVE US ANY OTHER INFORMATION THAT MAY HELP US TO DO THIS HERE

ONLINE SERVICES

You will automatically be registered for online services at the time of first registration with the practice. This will allow you to request repeat medications, book and cancel appointments and view your summary medical record online. Your log in details will be sent in an SMS message so please make sure we have your correct phone number. If you do not want online access please let our Reception team know.

MEDICAL HISTORY

Do you suffer with any long term condition?

Condition……. Date of diagnosis…….

MEDICATION

Please list any regular medications here *OR* attach a repeat medication slip form your previous GP to this form.

1. 3.
2. 4.

DRUG ALLERGIES

Please list any known drug allergies that you have here.

1. 2.

Has anyone in your family, suffered from any of the following conditions? *tick as applicable ✓and name*

		Family	Who?			Family	Who?
Asthma		☐		Heart attack		☐	
Cancer		☐		Stroke		☐	
Diabetes types 2		☐		Chronic heart disease		☐	
Diabetes type 1		☐		High blood pressure		☐	
COPD		☐					

ELECTRONIC PRESCRIBING SERVICE
The practiced can now send your prescription to your preferred pharmacist electronically.
If you wish to ***nominate a particular pharmacy*** to receive your prescriptions in this way please indicate the name and address of the pharmacy here:
Name…….. Address…….

HEALTH AND LIFSTYLE INFORMATION

HEIGHT: ……metres WEIGHT: ……..Kg BLOOD PRESSURE ……./…….

SMOKING STATUS: NEVER ☐ EX-SMOKER☐ CURRENT SMOKER☐
If you are a current smoker it is damaging your health. If you would like help to stop please speak to the nurse or doctor, or you can access help directly via Smoke free Ealing - telephone: 0800 876 6683

ALCOHOL CONSUMPTION

Do you drink **Alcohol**? *YES:* ☐ *NO:*☐

(If Yes) How many do you drink per week on average: **Pints:** ……**Glasses of Wine**: …… **Shorts** ……..

Questions PLEASE CIRCLE ↘	Scoring System					Your Score
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

TOTAL

A score of 5 or more suggests alcohol consumption is at a level of risk for dependency. If you are concerned about your drinking please speak to your GP or go to www.drinkaware.org

CARERS

A carer is someone who spends a significant proportion of their life providing unpaid support to a family member or friend who may be ill, frail, disabled or have mental health problems or learning difficulties.

ARE YOU AN UNPAID CARER? YES ☐ NO☐

WHO DO YOU CARE FOR? (optional)

NAME…….. RELATIONSHIP TO YOU……..

THE PERSON I CARE FOR HAS (please tick)

DEMENTIA☐ PHYSICAL DISABILITY☐ MENTAL ILLNESS☐ CHRONIC DISEASE☐ LEARNING DISABILITY☐

DO YOU HAVE AN UNPAID CARER? YES☐ NO☐

WHO IS YOUR CARER? (optional) NAME……RELATIONSHIP TO YOU……

CARERS CONTACT NUMBER FOR EMERGENCIES: ……

RECORD SHARING

This Practice's patient record system allows us to share records with other GPs, community services, Urgent Care Centres, A&Es and NHS Trusts. We believe this is an essential part of providing co-ordinated care for our patients. Your notes will be shared with other health organisations when it is requested (your permission will be sought by the clinician at the other health organisation and will require you to give explicit consent on each occasion).

Please ensure you read and understand the attached information about record sharing in the practice and then sign below to confirm

Signature _____

IMMUNISATION HISTORY (0 – 6yrs only)

IMPORTANT

We need a copy of your record of Immunisations (i.e. Red Book)

If given in another country, please can these be translated into English as it would be very helpful to our nurses.

MILL HILL SURGERY

IMPROVING YOUR HEALTH CARE WITH RECORD SHARING

Record sharing locally

At Mill Hill Surgery we are pleased to be able to use a modern medical record computer system called 'SystmOne'.

Using 'SystmOne' we are able to share our patients' electronic medical records with doctors and nurses involved in their care, when they access healthcare outside of the surgery (this might be when a patient attends an urgent care centre or out of hours GP service or sees the district nurse).

This system allows you to improve your healthcare by speeding up communication between health professionals looking after you locally, and giving them access to your medical history to enable them to be fully informed about your healthcare needs.

It is important to understand that your records will only be accessible to other healthcare professionals *if* and *when* you are seen by them outside of the surgery and *only* if you give permission for them to do this *at the time*.

The details of the health professional accessing your medical record, is recorded every time they look at the record.

Record sharing Nationally

You, like every NHS patient, now have within your electronic medical record a short summary called the 'Summary Care Record' (SCR) which is already shared with any healthcare professional currently providing you with care.

This has important information about any medications you are taking and any allergies you have to medications – it DOES NOT have any other information from your medical record.

This means healthcare staff can provide safer care for you whenever and wherever you need it, anywhere in England.

The details of the health professional accessing your medical record, is recorded every time they look at the record.

We are already using both of these services for our patients at Mill Hill Surgery and all new registering patients.

However, if you do not want your medical record AND/OR information about your medication and allergies to be available to healthcare professionals when you are seen outside of the surgery please speak to a receptionist about opting out.

MILL HILL SURGERY

COMMUNICATION VIA TEXT MESSAGE AND EMAIL

1. TEXTS/EMAILS FROM THE SURGERY TO YOU

By signing your consent on the registration form to receiving text or email messages you are agreeing to the surgery sending you information via this method.

The surgery will send you:

- Appointment confirmations
- Appointment reminders
- Review reminders eg. for a chronic health condition such as blood pressure or diabetes – these will not be linked to any patient identifiable data
- Public health clinic information eg. flu clinics/immunisation programmes

The surgery **will not:**

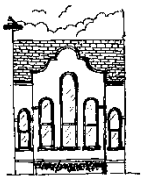
- Send you any clinical information with patient identifiable data without your explicit consent at the time of sending.

2. TEXTS/EMAILS TO THE SURGERY FROM YOU

Text messages: there is currently no facility for patients to text the surgery

Emails: patients can email the surgery. These emails will be accessed by the administrative staff and forwarded to the appropriate member of staff. Emails are deleted as soon as they are dealt with, although if relevant a copy will be filed in the medical record.

PLEASE NOTE THE SURGERY DOES NOT CURRENTLY ACCEPT EMAILS AS AN ALTERNATIVE TO CLINICAL CONSULTATIONS. NON-URGENT MATTERS CAN BE EMAILED TO THE SURGERY ADDRESS: admin.millhillsurgery@nhs.net **BUT THESE MAY NOT BE SEEN BY A DOCTOR FOR UP TO 3 WORKING DAYS.**



Patient consent for email communication to and from Mill Hill Surgery.

I understand that I choose to make use of the email communication service with the Mill Hill Surgery.
I confirm that I have had information provided to me about how the email communication works and the type of communication that can take place via email.
I understand that internet email is not a secure medium.
I understand that there is a possibility that my emails and the responses could be intercepted and read by someone else.
I will bear this in mind in deciding how much information to seek and how much information to disclose by email.
I understand that it is my responsibility to keep and provide the surgery with an up to date email address.

Patient consent for text communication and/or answerphone- messages on mobile from Mill Hill Surgery.

I understand that I choose to make use of the text message/answerphone-message [delete if appropriate] communication services with the Mill Hill Surgery.

I confirm that I have had information provided to me about how the text message/answerphone-message [delete if appropriate] communication works and the type of communication that will take place via text/answerphone-message.

I understand that text message/answerphone-message is not a secure medium.
I understand that there is a possibility that texts/messages could be intercepted and read/heard by someone else.
I understand that it is my responsibility to keep and provide the surgery with an up to date mobile number.

I also confirm that I have read and will comply with the requirements outlined in the patient information I have been provided with and that I can withdraw consent at any time.

I understand that if I require urgent clinical advice or attention I should contact my GP by the usual methods of telephone or attending the surgery.

My email address for communication is: ……
 This is my email address
 This is the email address of a nominated person

My mobile number for communication is: ……
 This is my mobile number
 This is the mobile number of a nominated person

Patient's name: …… Date: _ _ / _ _ / _ _ _ _

Patient's signature: ……