

NEW PATIENT HEALTH QUESTIONNAIRE - ADULT**PLEASLEY SURGERY**

Chesterfield Road, Pleasley, Mansfield, Notts, NG19 7PE

Tel:01623 810249 Website: www.pleasleysurgery.com

Patients Details

Title	Mr/Mrs/Ms/Miss Other: _____
First Name	
Surname	
Date of Birth	
NHS Number (if known)	

Home Address	
Telephone Numbers	Mobile: Home:
Which number would you prefer to be contacted on:	Mobile/Home (please circle)
Email Address	
Occupation	
Are you a carer	Yes/No
Do you have a carer	Yes/No
If yes name of care provider	

Next Of Kin

Full Name	
Address	
Telephone Contact Numbers	
Relationship to You	

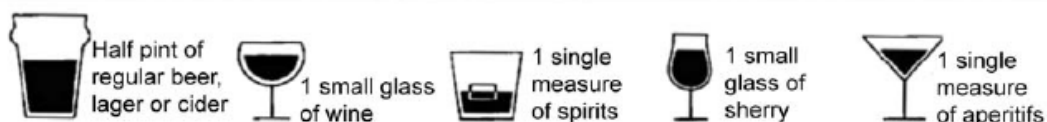
Medical History

Important allergies	
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Ethnicity

<ul style="list-style-type: none"> • Please state your Ethnicity • Main Spoken Language • Do you speak English • If no do you require an interpreter 	 Yes/No Yes/No
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This is one unit of alcohol...



...and each of these is more than one unit

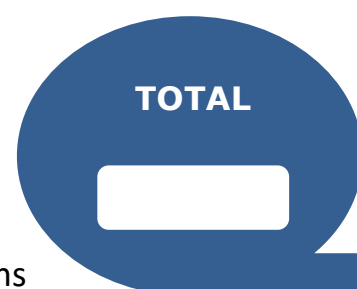


AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody 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 or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions



PLEASLEY SURGERY
YOUR ELECTRONIC PATIENT RECORD AND THE SHARING
OF INFORMATION

Frequently Asked Questions

We hope the following frequently asked questions section will help to answer some of the questions you may have. Please contact your GP surgery if you have any further questions.

Why we think sharing records with other healthcare teams is important?

We want to make sure that information about patients' health and care history can safely follow them wherever they receive care and treatment, so that the professionals who treat them have all the information they need to know in order to provide the right care.

Shared electronic records with healthcare professionals treating you ensures they have quick access to the most up-to-date and accurate information about your overall health, medications and current treatments, but in a more secure and effective way. This will allow healthcare staff to give you better advice and provide safer and more effective care.

Can I refuse to have my records put into the shared records system?

Yes. If you do not want your records to be shared, please tell your GP surgery that you wish to opt out, your surgery will 'disable sharing' by entering a code onto the shared records system.

Will dentists, opticians and pharmacists working in the community be able to see my records?

No

Can my shared record be accessed without my permission?

Not routinely. The healthcare professional has to complete a 'permission to view' screen on the computer to confirm that you have given permission before gaining access to your record. If you say 'no' your response will be entered onto the system and access to your shared record will be denied.

The NHS has a legal duty to disclose information without consent in the prevention of terrorism, road traffic incidents and with a Court Order. This legal duty extends to other Acts, i.e. Crime and Disorder and the Children's Act, but we will always consider obtaining consent.

In addition, your record may be accessed in a medical emergency. If someone is unconscious or too unwell to give their permission the system will allow a healthcare professional to view the patient's shared record without permission.

What if I change my mind, and don't want to share my record anymore?

Tell the healthcare professional involved in your care that you no longer want them to view your shared record and they will close your record.

All access attempts to your record are recorded and fully auditable.

**Dr S Patel
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Chesterfield Road, Pleasley
Mansfield, Nottinghamshire NG19 7PE
Tel.01623 810249 Fax.01623 811414**

Consent Form

I, _____, have today been given the opportunity to discuss sharing of my patient record and have read and understood the leaflet “Your electronic patient record & the sharing of information”

I understand that the same record is used to store information recorded by different members of the care teams who are currently involved in providing my care, including but not limited to doctors surgeries, district nurses, health visitors, physiotherapists, podiatrists, social care and child health. I understand that I will be asked to give consent by each care team before they are able to access or add to any shared data about me.

Share-out * Circle your choice

I would* / would-not* like the information recorded at **Pleasley Surgery** to be available to be seen by other care teams who are involved in my care where I have granted those care teams access to see my shared data.

Share-in * Circle your choice

I would* / would-not* like the information recorded at other care teams who are involved in my care to be seen by members of the team at **Pleasley Surgery** where I have granted those care teams the right to add to my shared data.

I understand that I can change my decision at any time.

Signed

Patient Date Today's date

OR

Patient representative

Relationship to patient

Identification needed for registration

It is important to ask all new patients (whether registering permanently or temporarily) to provide identification upon registering. A combination of the following can be accepted as identification (it is preferable that one item of photo ID is seen, along with one document containing the patient's address):

Birth certificate
Marriage certificate
Medical card
Driving licence
Passport
Local authority rent card
Paid utility bills
Bank/building society cards/statements
National Insurance number card
Payslip
Letter from Benefits Agency/benefit book/signing on card
Papers from the home office
P45.

This list is not exhaustive. The following documents are easily obtained and **should not** be accepted as proof of identity if presented in isolation:

Library card
Video rental card
Health club card
Private rent book.

Online Patient Access

Would you like to take advantage of the following online:-

Book/View your appointments
Order Prescriptions
View your listed allergies
View your medication
Send online message to the surgery
Update your details

If so, mention it to the receptionist when you bring your completed registration form and they will include this when entering your details on the computer.

Pleasley Surgery Patient Participation Group

We are looking to recruit patients of all ages, to join our patient group on a voluntary basis. If you would like further information, please enter your details below and hand it into reception, they will then forward it onto the group secretary Mrs Kerry Wright, alternatively you can email her directly on kerrywright1708@yahoo.co.uk

Name:- _____

Contact phone number:- _____

Email address:- _____

