

Two Rivers Medical Centre – New Patient Questionnaire

To be completed by the person applying to register or their parent/guardian.
If you have internet access, please ask a member of our Reception Team about.

Please complete both sides of this form in BLOCK CAPITALS

Title: Mr / Mrs / Miss / Ms / Dr / Other (please state)								
Last or Family Name:			First Name(s):					
Date of Birth:			Occupation:					
Address:								
Postcode:								
Telephone numbers – Daytime:			Evening:		Mobile:			
Are you happy to receive text messages from us? (appointment reminders etc)						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
First spoken Language:			Decline		Yes <input type="checkbox"/>			
<i>(If applicable state "English" or see separate sheet. You can decline to answer)</i>								
Ethnic Origin:			Decline		Yes <input type="checkbox"/>			
Please give details of your Ethnic origin using the attached list as a guide. <i>(This information is considered helpful in providing appropriate individual care but you can decline to answer)</i>								
Are you housebound? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you a Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you have a Carer? If yes, please give a name and telephone number								
Name, address and contact telephone number of Next of Kin: <i>(Please state whether parent/son/daughter etc)</i>								
Do you suffer from any of the following? Or does an immediate family member where indicated?								
Conditions	You		Family (tick only if a parent/son/daughter/brother/sister)					
Asthma or COPD	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Thyroid problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Angina/Heart Attack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Kidney Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Have you received treatment for depression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Do you smoke?			Yes <input type="checkbox"/> Ex-smoker <input type="checkbox"/>		Never <input type="checkbox"/>			
Alcohol Consumption – complete if aged 16 and over otherwise continue overleaf <i>(Please see separate list for definition of units)</i>			Scoring System					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	7-8	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	
If total is 5 and over please ask reception for separate questionnaire						Total		
Please tick if you do not wish to complete <input type="checkbox"/>								

Who can see my health record?

To treat you safely and well, it is important that professionals you see can access your health record.

Only by letting your GP surgery know it is ok will your notes be available to be seen by other professionals such as hospital clinicians, paramedics or district nurses.

How do I make my record available to health professionals?

Simple. Complete this form and hand it into your GP surgery. There are two ways that this sharing can happen and it's important you understand what they are so you can make the right decision for you.

A. Summary Care Record with Additional Information

A Summary Care Record has basic information on that is useful for NHS clinicians. It shows if you have allergies and it lists your medications. 98% of people have this. By including "Additional Information", this will add your illnesses and any health problems, vaccinations, operations and information on how you would like to be treated.

B. Full Electronic Health Record

Your full electronic health record is held by your GP surgery. It can also be made available to health and social care staff, if they are involved in your direct care. **Staff must still ask for your permission before they look at your record.** This also allows your surgery to see what other staff are doing to support and treat you. If there are certain parts of your record that you wish to keep private, your surgery can do this.

Does this mean anyone can just look at my record?

No. Your record can only be seen by staff who **are currently involved in your direct care, have a need to see it, and have asked for your permission.** The only exception to this is in case of an emergency. For instance, if you were taken to hospital unconscious, a doctor could look at your record without your permission. If this happens, a permanent alert is created showing who looked at the record and why.

Are you going to sell the information in my record?

Never. If your record is shared, it's only ever available to staff for the purposes of your care, nothing else.

Can I change my mind?

Yes. Just tell your surgery and they can update your decision at any time.

Your decision to agree to either one, or both

A	Yes, I am happy for additional information to be added to my Summary Care Record, this means healthcare staff treating me can see a summary of my medical history in addition to my medication and allergies*.	Please Tick
B	Yes, I am happy for my full health record to be shared by my GP surgery. This will be available to health and social care professionals who are currently treating me, and have my permission to view it.	

**If you already have a basic summary care record and now wish to opt out of this completely, please ask your practice for an SCR consent form.*

Name: _____ Date of Birth: ____ / ____ / ____

Signature: _____

If you are filling in this form on behalf of another person, please ensure that you fill in their details above; you sign the form above and provide your details below:

Name: _____ Parent Legal Guardian Lasting power of attorney

Two Rivers Medical Centre

Any new patients wishing to register at Two Rivers Medical Centre will need to provide 2 forms of identification when completing the registration form.

We will need to see, ideally, **ONE** form of photo ID and **ONE** document confirming the patient's home address but two items from the following tables will be acceptable:

Name identification

- Current passport
- NHS medical card
- Current UK driving licence or EU/EEA driving licence
- Benefits Agency documentation
- Current HMRC tax notification e.g. PAYE coding (P45's or P60's are NOT official HMRC documents)
- Travel documents issued to foreign nationals granted permission to remain in the UK.
- Residence permit issued by the Home Office to EU nationals
- EU/EEA member state ID card

Address Identification

- Recent utility bill or statement showing current address within our practice boundary. (Less than 3 months old)
- Local Authority tax bill for current year.
- Bank or Building Society statement
- Credit Card statement
- Mortgage Statement
- Local Council rent card
- Tenancy agreement
- Solicitors letter