**NEW PATIENT QUESTIONNAIRE - ADULT**

**Welcome to Akester & Partners. Please complete this questionnaire as fully as possible. It gives us essential information about your health whilst we are awaiting your medical records.**

**Date: …………………………………..**

**Surname: ………………………………………………………………………**

**Forename: ………………………………………………………………………**

**Name known as: ………………………………………………………………………**

**Date of birth: ………………………………………………………………………**

**Marital status: Single / Married / Separated / Divorced / Widowed / Other (please**

**state) ……………………………………………………..**

**Address: ………………………………………………………………………**

**………………………………………………………………………**

**Postcode: ………………………………………………………………………**

**Email address: ………………………………………………………………….**

**Home telephone number: …………………………………………………** □

**Work telephone number: …………………………………………………..** □

**Mobile telephone number: ……………………………………....…………** □

**(Please tick preferred contact number)**

**Nominated pharmacy for collecting electronic prescriptions.**

**(MASHAM PATIENTS ONLY- THIS WILL APPLY TO YOU IF YOU LIVE WITHIN 1 MILE OF THE SURGERY, IF YOU LIVE OVER 1 MILE, YOU WILL BE DISPENSED BY THE PRACTICE)**

|  |
| --- |
| **Day Lewis Pharmacy – 11 Market Place, Masham, North Yorkshire, HG4 4DZ** |
| **Knights Mills Pharmacy - Glebe House Surgery, 19 Glebe House, Firby Rd, North Yorkshire, DL8 2AT** |
| **Rowlands Pharmacy – 31 north End, Mark Place, North Yorkshire, DL8 1AF** |
| **Boots – 27 Market Place West, Ripon, HG4 1BN** |
| **Day Lewis Pharmacy – 24 Market Place West, North Yorkshire, HG4 1BN** |
| **Morrisons Pharmacy – Harrogate Rd, Quarry Moor, North Yorkshire, HG4 2SB** |
| **Other (please specify)**  |

If born outside of the UK, please states the date you first entered the UK?: …………………………………………………….

Have you ever served in the armed forces? YES / NO

If yes, please state:

Date you enlisted ………………………………….

Date of discharge ………………………………….

**Next of Kin**

Should we need to contact you urgently, or in the event of an emergency, we would be grateful if you could provide us with the following details:

Next of Kin: Mr / Mrs / Ms / Other (please state) …………………………

Name: ………………………………………….

Relationship: ……………………………………

Address: ……………………………………………………………………………………

Postcode: …………………………………………

Telephone number (s):

Home: …………………………… Mobile:………………………………

**Important information about repeat medication.**

If you are taking regular prescribed medication, please provide us with a copy of your latest repeat medication list. This can be a recent prescription or a medication print-out from your previous GP. Please note: If repeat medication information is not provided, this may delay your first request for medication.

**Ethnicity – What is your ethnic origin? (Please tick one box)**

White British □ Indian □

Other white ethnic group □ Pakistani □

Black African □ Other Asian ethnic group □

Black British □ Other ethnic group (please □

 specify) ……………………….

Black Caribbean / West Indies / Guyana □

Main spoken language: …………………………………………………….

Do you need an interpreter: YES / NO

**Smoking**

I am a smoker □ (I smoke …..…. per day)

I am an ex-smoker □ (Date stopped …………..)

I have never smoked □

(If you currently smoke and are interested in quitting, your local Stop Smoking Service can support you. For details go to [www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines](http://www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines).)

**Allergies**

Are you allergic to anything (including medicines)? YES / NO

If yes, what are they:

……………………………………………………………………………………

……………………………………………………………………………………

Do you have any problems with your hearing or speech, which would prevent you from having a telephone consultation with the doctor? YES / NO

If yes, please state the nature of the problem:…………………………………

Do you have any problems with reading or writing? YES / NO

If yes, please state the nature of the problem: …………………………………

**Carer details**

If over 16 years, do you have a carer? YES / NO

If yes, please state your carers name and relationship: ………………………………………..

Are you a carer (eg. Do you look after someone with physical / mental health problems)? YES / NO

If yes, please state who you care for (and relationship): ………………………

Alcohol Screening Tool

Unit Guide

1 unit is typically:

Half pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong/premium beer, lager or cider, 440ml regular can cider/lager, 440ml “super” lager, 250ml glass of wine (12%).

The following questions are validated as screening tools for alcohol use

|  |  |  |
| --- | --- | --- |
| **AUDIT-C Questions** | **Scoring System** | **Your Score** |
| **0** | **1** | **2** | **3** | **4** |
| **How often do you have a drink containing alcohol?** | **Never** | **Monthly or less** | **2 to 4 times per month** | **2 to 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 to 2** | **3 to 4** | **5 to 6** | **7 to 9** | **10+** |  |
| **How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year?** | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |  |
|  **Total** |  |

|  |  |  |
| --- | --- | --- |
| **AUDIT Questions****(after** completing **3 AUDIT-C questions above)** | 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 have 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 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** |  |
|  **Total** |  |

**Patient Consent**

This form will be scanned into your electronic patient record. This information will be used to help the practice provide you with complete and appropriate medical care. If you leave the practice, this information will be transferred with your medical record to the new practice. Please sign below to give your consent. If you do not sign to consent, a member of the practice will contact you to discuss your options.

Signed: …...……………………………….

Print Name: …...………………….……….

Date: …...……………………………….

The practice uses SMS messaging to send patient appointment reminders and other appropriate clinical information. If you have provided us with a mobile number and agree to the practice sending you this information via SMS please sign below.

Signed…………………….………………………….

Print Name: …...…….……………………………….

Date: …...……………………………….

Please see the attached information about access to your online medical record. If you would like access to your record please sign below

I can confirm that I have read the information regarding the risks and benefits of online access to my medical record going forwards. I consent to my medical record being made available to me online,

Signed ………….. ……………………………………………………

Print Name ……………………………………………………………..

Date ……………………………………………………………………

**Summary Care Records**

Akester & Partners has signed up to Summary Care Records. All patients in the Practice will have a Summary Care Record unless they opt out. If you would like any further information regarding Summary Care Records, please visit **http://digital.nhs.uk/scr/patients** or ring 0300 303 5678. You can also download an ‘opt-out’ form if required.

**Care data**

Under the Health and Social Care Act 2012 the Health and Social Care Information Centre (HSCIC) on behalf of NHS England will be able to extract personal and identifiable information about all patients in England.

**What you need to do:**

If you are happy for NHS England to direct the HSCIC to extract, store and manage / use your personal information then you need do nothing as the information will be automatically taken from our clinical system.

If you don’t wish your information to be extracted, then you MUST tick the box below and we will then block the uploading of your identifiable and personal information to the HSCIC.

 □ I do not agree to the uploading of my identifiable and personal information to the HSCIC.

If you are happy for your information to be extracted and used by the HSCIC for anonymised reports but NOT shared by the HSCIC with other agencies or companies in identifiable format, please tick the box below.

 □ I do not agree to the sharing of my identifiable and personal information by the HSCIC with other agencies or companies.

Print name: ………………………………….

DOB: ………………………………………...

Signed: ………………………………………

Date: …………………………………………

**Accessing your GP-held records via the NHS app or NHS website**

As your GP practice, we have been asked to provide you with access to your full medical record going forward from 1st November 2023 via the NHS app (and NHS website) if you have a suitable NHS login

Your GP medical record contains consultation notes based on conversations between you, your GP and their team: medicines prescribed to you; all test results including hospital investigations; allergies; vaccines; and your medical conditions along with documents that may have been sent from local hospitals, clinics or other agencies, eg the police. There is likely to be sensitive and personal information within your medical record.

We are supportive of providing you with access to your record, but we wish to do this safely and make you aware that this is happening so that you can opt out, if you so wish. If you are in a difficult or pressured relationship for example, you may prefer your records to remain accessible only to those treating you, with them not appearing on your smartphone or online. Government has been clear that if a patient does not wish to have access, then we do not have to provide it. This is one reason why we have asked if you wish to opt out, or have it switched off for the time being.

For those who would like access, we are happy to explain the different levels you might like. Everyone can have access to their medication history and allergies, for example, and will be able to order their repeat prescriptions. It’s also possible to request access to what we call your ‘coded record’ where you can see a list of medical problems and results. When you have access to your ‘full’ record, you will be able to see everything, including the notes which have been written by doctors, nurses and others involved in your care, at the GP surgery, and elsewhere.

It’s important to remember that these documents may, at times, contain information that could be upsetting, especially if they contain news of a serious condition. It can also be a cause for worry seeing results online when it isn’t clear what the results might mean, and no one is available to ask, as can be the case during the evening or at weekends, for example. Unfortunately, we will not have capacity to discuss such queries on an urgent basis if they do not relate to an urgent medical issue.

Sometimes people with a mental health condition might prefer not to see documents that remind them of difficult times in their life. Letters from mental health teams sometimes go into detail about past events, and great care would be needed in deciding whether you would want to see these letters. It is possible for individual items to be hidden at your request and your GP would be happy to talk about any concerns you may have.

Great care is also needed in case private details might cause harm at home, should people in a difficult or pressured relationship be forced to show their medical record to an abusive partner. Anyone in such a position should make this clear to us at the practice, so we can take steps to keep you safe. This might mean removing access through the NHS app for the time being, or through a careful process where we hide sensitive things. We would talk this through with you.

**Requesting access – what do I need to do?**

The easiest way to get access is to create an NHS login through the NHS app. Although you can also access your GP records via the internet on a computer, the first bit is easiest if done through a smartphone. If you don’t have one, you may have a family member or friend you trust who can help you. You can also ask your practice receptionist, but you’ll need some proof of who you are, eg a passport, driving licence or household bill.

If you use the NHS app, you’ll have to set up an account using a unique e-mail address and then ‘authenticate’ yourself to the NHS system to prove you are who you say you are. This will involve confirming your name, date of birth and contact details. The NHS login has several levels of authentication and to gain access to your records you’ll need the highest level of authentication. This generally involves you recording a short video of yourself to prove you are a real person as well as uploading a copy of a suitable identification document. Your GP practice can bypass this step if you are struggling, but we’d ask you to try to sign up to the NHS app yourself.

Once you have suitably authenticated yourself to the NHS app and created your NHS login, you should be able to see your records going forwards from 1st November if you consent to access. Please be mindful of the risks associated with access and the importance of not sharing passwords or having them stored in your smartphone if you think other people might want to see them without your permission. If you have any concerns, you should explain these to your GP practice team who can guide you.

If you would like online access, please complete the consent statement on the registration form..

If you are uncertain whether you would like online access to your records or have any questions, please discuss these with your GP. At this busy time, we do not have capacity to make specific appointments to discuss online access but the doctors are happy to answer queries in your next routine appointment. Access will not be enabled until you have consented for us to do so.

**ORDERING REPEAT PRESCRIPTIONS**

To reorder your repeat prescription, you can either come into the surgery and order with the receptionist, there is also the option of dropping your repeat slip (order a written slip with your personal information and details of the items you wish to order) into the secure post box outside the surgery, this is emptied daily. Alternatively, you can sign up to System Online, which you will need a username and passport given by the Practice or use the NHS app. We do not take orders over the phone.

Please allow 5 working days for your prescription be processed and dispensed by the surgery. If you provide the surgery with a mobile number and consent to reminders, you will be informed when your prescription is ready to collect. If you collect from a community pharmacy their dispensing time may vary so, please make sure you are aware of their timescale.

Do not wait for your illness to get worse, speak to your pharmacy team first!

If you are feeling ill or have a health worry, you can get help by speaking to your pharmacist. Pharmacists work in pharmacies or chemist’s shops. This might be the place you get your medicines from. They can help you there and then before your illness gets worse. They can give you advice about any minor illness or health worry.

**Why visit a pharmacist?**

Speaking to your pharmacist is the quickest and easiest way to get help and advice. You do not need to book an appointment and many pharmacies are now open for longer hours. They can quickly tell you what you need to do to get better. This might be to take a medicine the pharmacist can give you. Or they might tell you to have a few day’s rest. If they think it is something more serious, they can make sure you get the help you need. You can talk to anyone who works in your local pharmacy.

**You can ask the pharmacist about things like:**

* sore throats
* coughs, colds and flu
* tummy troubles
* aches and pains
* red eyes
* problems sleeping
* infections like athlete’s foot
* mouth ulcers
* constipation