

ASHINGTON HOUSE SURGERY

Ashington Way, Westlea, Swindon SN5 7XY Tel: (01793) 614840

www.ashingtonhouse.com

NEW PATIENT HEALTH QUESTIONNAIRE

Welcome to Ashington House Surgery. It often takes several weeks for your records to reach us from your previous Doctor. Answering these questions will help us during this time. The information will be handled confidentially but if you are concerned about any of the questions leave them blank.

After completion the questionnaire should be returned to Reception with the GMS1 form.

Before you hand your form into Reception please take your blood pressure using the machine located in the waiting room. If you need any help please speak to one of our Receptionists.

DATE

Title (please circle)	Mr Mrs Miss Ms Master Other:
Full Name	
Previous Surname(s)	
	Male / Female (please circle)
Date of Birth	NHS No. if known
Place of Birth	
Address	
Postcode	
Home Tel. No.	
Work Tel. No.	
Mobile No	
Consent to receive appointment reminder by mobile phone text	YES / NO (please circle)
Email Address	<i>By providing your email address you consent to Ashington House Surgery sending you information emails regarding our services from time to time</i>
Marital Status (please circle)	Single Married Divorced Partner Civil Partner Widow(er)

Occupation	
Have you served in the Armed Forces	YES / NO

In a medical emergency who should we contact on your behalf

Name	
Address	
Tel.No	Relationship to you

Are you caring for someone or does someone care for you?

A Carer is a person who is looking after or is responsible for the care of a relative, friend or neighbour who is mentally or physically disabled or whose health is impaired by old age.

Do you have a Carer? YES / NO If yes, please give details about your carer	Are you an Adult Carer (over 16)? YES / NO Are you a Young Carer? YES / NO If yes, please give details about the person you care for
Name	Name
Address	Address
Tel. No.	Tel. No.
Relationship to you	Relationship to you

If you are a Carer please ask at Reception for our Carers' Registration Form

The Prescription Ordering Direct (POD) service

Is the easy way for you to order your repeat prescription. All it takes is a simple phone call **01793 683755** or email bswccg.podemergency@nhs.net there is no need to come into the surgery or go to your pharmacy. You will speak to a dedicated person who has time to answer any of your repeat prescription queries

Pharmacy – we can arrange for your repeat prescriptions to go to your pharmacy of choice, or you can collect prescriptions from the Surgery or have them posted to you (SAE required). Please tick or add pharmacy of choice: *(you may request to change this at a later date if you wish)*

ASDA (West Swindon)	Ashington House Pharmacy (Ashington Way)

Ethnicity – please indicate with which ethnic background you would most closely identify (please tick):

White	Black/Black British
White British	Black Caribbean
White Irish	Black African
White other	Black other
Mixed	Asian/Asian British
Mixed White and Black Caribbean	Asian Indian
Mixed White and Black African	Asian Pakistani
White and Asian	Asian Bangladeshi
Other Mixed	Asian other
Chinese/Chinese British	Other
Chinese	Declined to say

What is your first language?
If your first language is not English, do you speak English?

Please help us update your health record:

Your height
Your weigh
Your waist measurement (if known) cm or inches
Never smoked
Current smoker Date started / age when started _____
Number of cigarettes/cigars per day _____
If an ex-smoker , when did you stop? _____ no. of years smoked _____
<i>We strongly advise all smokers to stop smoking.</i>
Do you exercise?
If yes, how much? YES / NO Gentle / Moderate / Vigorous

Weight management – would you welcome advice on this? YES / NO	
Do you have a father or brother who developed one of the following at age 55 or younger, or a mother or sister at age 65 or younger:	Please state family member:
Heart disease	YES / NO / Not Known
Stroke	YES / NO / Not Know
Diabetes	YES / NO / Not Known
Cancer	YES / NO / Not Known
Asthma	YES / NO / Not Known
Raised Blood Pressure	YES / NO / Not Known
Glaucoma	YES / NO / Not Known
Eczema	YES / NO / Not Known
Please list any allergies you may have, especially to medicines	

Current Medication

Please attach your current repeat prescription.
Past Medical History – please list any serious illnesses, operations or accidents with dates <i>(continue on a separate sheet if necessary)</i>
Please mention any ongoing issues, tests or referral

Female patients only	
Do you have a contraceptive coil fitted?	YES / NO
If so, do you know the type of coil?	Mirena / Copper Coil / Don't know
Do you know when it was fitted?	Yes – date _____ / N
Do you have a contraceptive implant?	YES / NO
If so, do you know when it was fitted?	Yes – date _____ / N
Have you had a cervical smear?	Yes – date _____ / N

If you are a woman between the ages of 16 and 40 years it is important for you to know if you have immunity against Rubella (German measles). Please ask your Doctor or Practice Nurse for full information.

Alcohol Users Audit Questionnaire



Questions	Score					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks (units) do you have on a typical day when you are drinking? (e.g. if you drink 2 glasses of wine you score 1)	1 - 2 units	3 - 4 units	5 - 6 units	7 - 8 units	10+ units	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
If your total score is 5 or more, please complete the further Alcohol Questionnaire below.						Total

Further Alcohol Questionnaire

Questions	Score					Your Score
	0	1	2	3	4	
How often in the last year have you found you were not able to stop drinking once you had started?	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	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or someone 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/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	
Total						

Thank you for completing this questionnaire, we invite all new patients to make an appointment with a Doctor or Nurse for a new patient check, if you would like to do this please ask at reception. We request that you bring a urine sample along to your first appointment.

Ashington House Surgery: Data Sharing

Introduction

Since the **Summary Care Record** was introduced in 2010 as an electronic summary of your medical record for practical clinical use (eg if you are being treated away from home), the NHS has developed systems for sharing your **full** electronic record between healthcare professionals (this is called **Enhanced Data Sharing Model** or **EDSM**) as well as launching its **care.data** programme to help the NHS plan and improve patient care for the whole country via the extraction of anonymised data from GP clinical systems. We have summarised these three initiatives below so that you have all the information in one place and to enable you to express your preferences for sharing your data on one form. Please do not hesitate to contact us if we can help with any further queries or concerns.

Summary Care Record

The Summary Care Record contains basic information about:

- **any allergies you may have,**
- **unexpected reactions to medications,**
- **and any prescriptions you have recently received.**

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Patients under 16 years will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the Surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you want to opt-out now please tick the box on the attached form and return it to Reception as soon as possible.

EDSM (Enhanced Data Sharing Model) Sharing In and Sharing Out

Ashington House Surgery uses a computer system called "SystmOne" that allows the sharing of full electronic records across different NHS Care Services.

Your health record includes your medical history, details about your medication and any allergies you may have. You can now choose whether to share these full medical details with other health provider units for example District Nurses, Health Visitors and Out of Hours services.

You have two choices which allow you to control how your record is shared. You can change these choices at any time by completing the consent form attached

Sharing OUT

This controls whether your information recorded at this Practice can be shared with other health care providers.

Sharing IN

This determines whether or not this practice can view information in your record that has been entered by other services who are providing care for you or who may provide care for you in the future.

Imagine you are receiving care from three services, your GP, a district nurse and a smoking clinic. You want your GP and district nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information.

Your sharing choices at each place would be:

- The GP can share information IN and OUT
- The district nurse can share IN and OUT
- The smoking clinic cannot share IN but can share OUT.

Your Health & Care Records

Sharing your Information

Information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

NHS Digital has a legal responsibility to collect data about NHS and social care services. The NHS cannot analyse all information on its own, so it safely and securely shares some with researchers, analysts and organisations who are experts in making sense of complex information.

NHS Digital only shares what is needed for each piece of research, and wherever possible, information is removed so that you cannot be identified.

You can choose not to have information about you shared or used for any purpose beyond providing your own treatment or care.

Managing your Data Choice

From 25 May 2018 you can choose to stop your confidential patient information being used for purposes other than your own care and treatment. This choice is known as a national data opt-out. If you choose to opt out, NHS Digital will apply your opt-out from 25 May 2018. All other health and social care organisations are required to apply your opt-out by March 2020.

If you have previously registered an opt-out with your GP practice to request that NHS Digital does not use your confidential patient information (other than for your individual care and treatment), this will have automatically been converted to a national data opt-out on 25 May 2018.

To find out more or to make your choice visit <https://www.nhs.uk/your-nhs-data-matters> or call 0300 303 5678

Ashington House Surgery

PLEASE USE BLOCK CAPITALS

Full name	
Date of Birth	
Address including postcode	

Summary Care Record

Express consent for medication, allergies and adverse reactions only	YES / NO
Express consent for medication, allergies, adverse reactions and additional information	YES / NO
Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision	YES / NO

Sharing In and Sharing Out

Sharing Out	
This controls whether your full GP electronic record can be shared with other NHS Care Services where you are treated. Please record your preference.	YES /NO

Sharing In	
This controls whether your full GP electronic record can be shared with other NHS Care Services where you are treated. Please record your preference.	YES /NO

Signature	Date
-----------	------

If you are filling out this form on behalf of another person or a child the Practice will consider this request. Please ensure that you complete the details below:

Your Name: _____

Your Signature: _____

Relationship to patient: _____