



YELVERTON SURGERY NEW PATIENT HEALTH QUESTIONNAIRE

Welcome to Yelverton Surgery. As a new patient it would be helpful if you could answer the following questions.

PERSONAL DETAILS

Name: _____ D.O.B: _____

Address: _____

Home Tel: _____ Mobile: _____ Work Tel: _____

Email:

(By providing your email address you are agreeing to us contacting you from time to time via email.)

Do you have a disability, impairment or sensory loss & need to receive information in a way you can easily understand? Yes/No
(If you answer 'Yes' to this question, please request an additional form from the reception desk or it's available on the website under 'Accessible Information')

Occupation/School:

Marital Status: _____ **Children:** _____

Next Of Kin:
Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Have you ever served in the armed forces? Yes/No

Ethnic Origin (please circle):

White British	White Irish	White – other*	Bangladeshi	Indian
Pakistani	Chinese	Asian – other*	Black Caribbean	
Black African	Black – other*	Asian/White mix	Black/White Caribbean mix	
Black/White African mix	Other mix*	Any other ethnic group*		

*Enter additional details here if you wish.....

First language (e.g. English):

Do you have a carer? YES NO
If yes, who cares for you?.....

Are you a carer? YES NO
If yes, who do you care for?.....

HEALTH DETAILS

Gender: Male Female

Height:cm/ft.....in

Weight:kg/st.....lb

• **SMOKING**

Do you smoke? YES NO

If YES: How many do you smoke per day?

If NO: Have you ever smoked? YES NO

How many did you smoke per day?

Date stopped:/...../.....

Should you wish to stop smoking, we hold regular smoking cessation clinics at the surgery. Please ask at reception for details.

• **ALCOHOL**

Question	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 / month	2-3 times / week	4 or more times /week	
How many standard alcohol drinks do you have on a day when drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

You may be asked to fill in a further questionnaire at your New Patient Check with the Practice Nurse.

Standard Alcohol drinks = units

- 1 pt beer = 2 units
- 1 glass of wine (175ml) = 2 units
- 1 alcopop = 1.5 units
- 1 small can lager = 1.5units
- 1 single measure spirits = 1 unit
- 1 bottle of wine = 9 units
- 1 bottle of spirits = 28 units

An information leaflet on alcohol is available at www.yelvertonsurgery.co.uk. Click on 'Useful Information' and then the link 'Alcohol – How much is too much?'

- **Medications:**

Please give full details of medications and doses currently being taken (continue on a separate sheet if necessary).

- **Major Illnesses / Operations / Hospital admissions**

(Please include dates where possible)

Major Illnesses

Operations

Hospital Admissions

- **Allergies**

Do you have any allergies to medications?
(Please give full details)

Do you have any other allergies?
(Please give full details)

FAMILY HEALTH DETAILS

Have any close (blood) relatives had any of the following conditions?

Heart Attack/Angina

Stroke

Diabetes

High Blood Pressure

Cancer

To complete your registration with the Practice, we require Photo I.D e.g. Driving License or Passport and where possible, proof of address e.g. a utility bill.

- All new patients are encouraged to make an appointment with the Practice Nurse for a new patient health check, particularly if you are aged 45 years and over. Please arrange an appropriate appointment when you return your registration forms to the receptionist.
Please bring your repeat prescription slip from your previous surgery to your new patient check. This enables us to provide continuity of treatment.
It would also be helpful if you could bring a sample of urine with you to your appointment.
- Women under the age of 50 should have a cervical smear test every 3 years, or every 5 years if over the age of 50. If you think you may be due to have a cervical smear test, please make an appointment to see the Practice Nurse.
- If you suffer from asthma or COPD, it is important that you are regularly reviewed by our Asthma Nurse, Claire Forder. If you have not been reviewed in the past year, please make an appointment in one of our asthma clinics.
- We recommend an annual flu vaccination for all patients over the age of 65, as well as those in priority groups. Government priority groups include patients with diabetes, asthma, COPD, heart disease, a history of stroke or TIA, kidney or liver illness and low immunity. Carers are also entitled to a flu jab

Many thanks for your time and co-operation.



FOR OFFICE USE ONLY:

ID SEEN: INITIALS:

SCAN:

How information about you helps us to provide better care

Introduction

Information about you and the care you receive is shared, in a secure system, by healthcare staff to support your treatment and care.

It is important that we, the NHS, can use this information to plan and improve services for all patients. We would like to link information from all the different places where you receive care, such as your GP, hospital and community service, to help us provide a full picture. This will allow us to compare the care you received in one area against the care you received in another, so we can see what has worked best.

Information such as your postcode and NHS number, but not your name, will be used to link your records in a secure system, so your identity is protected. Information which does not reveal your identity can then be used by others, such as researchers and those planning health services, to make sure we provide the best care possible for everyone. How your information is used and shared is controlled by law and strict rules are in place to protect your privacy.

Benefits of sharing information

Sharing information can help improve understanding, locally and nationally, of the most important health needs and the quality of the treatment and care provided by local health services. It may also help researchers by supporting studies that identify patterns in diseases, responses to different treatments and potential solutions.

Information will also help to:

- find more effective ways of preventing, treating and managing illnesses;
- guide local decisions about changes that are needed to respond to the needs of local patients;
- support public health by anticipating risks of particular diseases and conditions, and help us to take action to prevent problems;
- improve the public's understanding of the outcomes of care, giving them confidence in health and care services; and
- guide decisions about how to manage NHS resources fairly so that they can best support the treatment and management of illness for the benefit of patients

What will we do with the information?

We will only use the minimum amount of information we need to help us improve patient care and the services we provide.

We have developed a thorough process that must be followed before any information can be shared. We sometimes release information to approved researchers, if this is allowed under the strict rules in place to protect your privacy. We are very careful with the information and we follow strict rules about how it is stored and used.

We will make sure that the way we use information is in line with the law, national guidance and best practice. Reports that we publish will never identify a particular person.

Do I have a choice?

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside your GP practice, we will make a note of this in your medical record. This will prevent your confidential information being used other than where necessary by law, (for example, if there is a public health emergency).

You will also be able to restrict the use of information held by other places you receive care, such as hospitals and community services. You should let us know if you want to restrict the use of this information. Your choice will not affect the care you receive.

Patient Consent Form

We recognise the importance of protecting personal and confidential information in all that we do, and we will take care to meet our legal duties, as the law determines how organisations can use the personal information that we collect.

To support our statutory obligations, we must inform you of who we will share information with and allow you to determine whether or not you wish us to share the information that we have recorded about you within your patient record. You have the right to withdraw consent at any time and also to change who you wish us to share your information with. Should this be the case, we will inform the relevant partner organisations and advise them of your decision.

I, (Print Name), give/does not give (delete as appropriate) consent for my information to be shared to discuss the care that is provided to identify services and resources which could support my health and wellbeing.

Please tick against each data set identifying if you wish/do not wish to share data

Record Sharing Initiative	I hereby give consent for my information to be shared.	I do not consent for my information to be shared.
Summary Care Record Care data		
Care.Data		
Local Shared Care Record (local providers only)		

For Staff Use Only

Please ensure that the referring organisation is removed from the list of options above.

Ensure that a copy is provided to the patient, stored in the paper medical record and shared with the appropriate organisations.

Should the above named patient indicate that they wish to amend the organisations that they have consented to share with or that they have withdrawn consent completely, please ensure that a new form is completed with the revised choices and then share and store as previous.