

SHAP MEDICAL PRACTICE

Shap Health Centre, Peggy Nut Croft, Shap, Penrith, CA10 3LW

New Patient Health Questionnaire

As a new patient we would ask that you complete our New Patient Questionnaire fully as this provides us with the information to arrange for your medical records to be transferred to us. It often takes several weeks for your records to reach us from your previous doctor. So, to ensure that we have up to date medical and personal details, please complete this form as fully as possible. If you have any problems completing any section please ask for assistance. After completion the questionnaire should be returned to the receptionist with your ID.

Proof of Identification

All new patients will be asked to provide two forms of identification, one of which must be photographic identification before registering with Shap Medical Practice. Please see below for forms of ID we can accept:

1 Form of Photo ID

and

1 Other Form of ID

Passport

Birth certificate (only with a form of ID showing address)

Photo Driving Licence

Utility bill (dated within last 3 months)

Council tax bill (dated within last 12 months)

Bank statement (dated within last 3 months)

Tenancy letter

The information you give us is confidential and is subject to the Data Protection Act.

Reminder

You may have just moved house, and have a lot on your mind all ready, so here are some reminders that may be helpful

- If you have a medical exemption/pre-payment card for prescriptions please update your address on this, as it does not automatically happen.
- If you have any regular hospital appointments, please make them aware that you are changing your address as again this doesn't automatically happen when you move Practices.

Telephone - 01931 716230 Email - gp-a82031@nhs.net

www.shapmedicalpractice.co.uk

Partners: Dr M McCabe, Dr A Woodstrover, Dr H Judson

Your personal details:

Surname..... Forename/s:.....

Previous Surnames: (if any)..... M / F

Title:.....Date of Birth:.....

Please state your ethnicity.....

Address (inc postcode).....

Place and country of birth.....

Telephone Number (and area code):

Home:..... Work:.....

Mobile:..... Email:.....

Have you recently moved to the UK? (including returning to the UK after overseas visits of 3 months or more) **Yes/No**

If yes, which country have you come to the UK from?

Your preferred method of contact:

All organisations that provide NHS services must have fully implemented and conformed to the Accessible Information Standard 1605 by 31 July 2016. This means we would like to record your preferred method of contact so that you can receive your health information in a format you can understand.

Are you happy to receive SMS (text) messages for appointments / reminders? **Yes / No**

Are you happy to receive email communications when available? **Yes / No**

I agree to advise the Practice of changes to my contact details **Yes / No**

For most of us our preferred method of contact is our home telephone number or mobile number but for example, if you suffer from hard of hearing or blindness that may not be suitable for you. Please let us know by circling below how you would like us to communicate with you and we will record your needs by highlighting it on your medical records.

Main spoken language	
Are you hard of hearing / visually impaired?	Yes / No

How would you like us to communicate with you? (Please tick)	No special requirements BSL Interpreter services Large print Braille Email SMS Advocate
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Next of kin/emergency contact details:

Name: Address: Telephone Number: (inc area code): Relationship to you:	Home: Mobile: Work:
Special circumstances: (please tick if any of these apply to you)	<input type="checkbox"/> I am a carer (non-professional) for..... <input type="checkbox"/> I have a carer, please give name <input type="checkbox"/> I am registered disabled <input type="checkbox"/> I am house bound

To enable us to obtain your records in full please answer the following:

Have you been a patient with us previously?	Yes / No	When? Duration
Have you ever lived abroad	Yes/ No	Where? Duration
Has there been a break in your NHS care? (e.g. Prison)	Yes / No	Reason? Duration
Have you served in the armed forces?	Yes / No	Details:

Health and Lifestyle:

Smoking Status Please tick	<input type="checkbox"/> Never smoked:		<input type="checkbox"/> Ex-smoker - date stopped.....			
	<input type="checkbox"/> Cigarette smoker:..... per day		<input type="checkbox"/> Cigar smoker:.....per day			
	<input type="checkbox"/> Roll ups:.....oz./g per week		<input type="checkbox"/> Pipe:.....oz./g per week			

Alcohol scoring system	0	1	2	3	4	Score
How often do you drink 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 drinking?	1-2	3-4	5-6	7-9	10+	
How often have you drunk more than 8 units (men) or 6 units (women) on a single occasion in the past year?	Never	Less often than monthly	Monthly	Weekly	Daily or almost daily	

DateSigned.....

ONLINE ACCESS TO HEALTH RECORDS REQUEST

Application for online access to my medical record

Would you like to be able to book appointments, order repeat medication and see blood test results online? If so, please complete the form below after reading 'What you need to know about your GP online records' on the final pages. Once we have your completed form, we will begin the process of registering you for online access. You will then be able to view your GP records on a computer, a tablet or a smartphone, using a website or an app. Information on how to get started is also available online at www.nhs.uk/patientonline.

If a child aged 13 or over has 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed' (known as Gillick Competence), then s/he will be competent to give consent for him/herself but may wish a parent to countersign as well.

- **Patients requiring access to their own record (Sections 1, 2 and 7)**
- **Proxy access to health records where patient has capacity (Sections 1, 3, 5, 6 and 7)**
- **Proxy access to health records where patient does not have capacity (Sections 1, 4, 5, 6 and 7)**
- **Parents requiring access to their child's (age 13-17) record (Sections 1, 3, 5, 6 and 7)**

Section 1: Patient details

Surname		Former name	
Forename		Title	
Date of birth		Address:	
Telephone number		Postcode:	
NHS number (if known)			

Section 2: Record requested

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I have read and understood the information leaflet provided by the organisation	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I chose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the organisation as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the organisation as soon as possible	<input type="checkbox"/>

Patient signature		Date	
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Section 3: Consent to proxy access to GP Online Services (if patient has capacity)

- I..... (name of patient), give permission to my GP practice to give the following person/people proxy access to the online services as indicated below in Section 5.
- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have access to my health records
- I have read and understand the information leaflet provided by the organisation

Patient signature		Date	
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I/We wish to have access to the health records on **behalf of** the above-named patient

Surname		Surname	
First name		First name	
Date of birth		Date of birth	
Address		Address	
Postcode		Postcode	
Email		Email	
Telephone		Telephone	
Mobile		Mobile	

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Reason for access:

I have been asked to act by the patient	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 18 and has consented to my making this request or is incapable of understanding the request (delete as appropriate)	<input type="checkbox"/>

Section 4: Consent to proxy access to GP Online Services (if patient does not have capacity)

I/We wish to have access to the health records on **behalf of** the above-named patient

Surname		Surname	
First name		First name	
Date of birth		Date of birth	
Address		Address	
Postcode		Postcode	
Email		Email	
Telephone		Telephone	
Mobile		Mobile	

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper).

Reason for access:

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am/We are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>
I am/We are the deceased person's personal representative and attach confirmation of my/our appointment (grant of probate/letters of administration)	<input type="checkbox"/>
I/We have written and witnessed consent from the deceased person's personal representative and attach Proof of Appointment	<input type="checkbox"/>

I/We have a claim arising from the person's death (please state details below)	<input type="checkbox"/>
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Section 5: Proxy access online services available

I/We wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>

Section 6: Proxy declaration

I/We wish to access to the medical record online of the above patient and I/we understand and agree with each statement (tick)

I/We have read and understood the information leaflet provided by the organisation and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
I/We will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
I/We will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the [Data Protection Act 2018](#).

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Applicant signature		Date	
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What you need to know about your GP online records

You are now able to book and cancel appointments at your GP surgery and order repeat prescriptions online. You can already see some of the information in your GP online records, including your medications and allergies. From April 2016, you are able to see even more such as illnesses, immunisations and test results.

You are able to view your GP records on a computer, a tablet or a smartphone, using a website or an app. If you would like to start using online services, see the Getting Started with GP Online Services guide for more information. Information on how to get started is also available online at www.nhs.uk/patientonline or from your surgery or on their website.

What's in it for you?

You can look at your records whenever you choose to, without needing to print them. Online records are up to date and more secure than a printed paper record which could get lost or seen by others.

People who have long term conditions, for example diabetes, hypertension or coronary heart disease, have found that looking at their test results online helps them make positive changes to improve their health. They can see if their condition is improving or getting worse by looking at past test results. Adam, a patient at University Health Centre said 'Record access is useful for those, like me, who need to have more regular contact with their GP'.

You can look at your medical records before your appointment to see if there is anything you need to discuss with your doctor or nurse. This could be your test results, illnesses you have had in the past or any new information added to your records. This would help you discuss any concerns you may have and help you benefit more from your appointment.

One of the most useful things patients have found is that you can make sure your medical information is accurate. For example, you will be able to let your doctor know if you have an allergy to a medicine and it is not recorded.

Before you go on holiday, you can check if your vaccinations are up to date without having to go to your surgery.

Understanding your records

Your records are written to help medical people look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to the NHS Choices website by using this link www.nhs.uk.

NHS Choices is the NHS website for patients so you can look for information on illnesses, improving health and to find NHS services in your local area.

Other websites frequently used to search for information on illnesses and test results are Patient – www.patient.info and Lab Test Online UK – www.labtestsonline.org.uk. Although these are not owned or checked by the NHS, other patients have found them useful.

A few things to think about

There are a few things you need to think about before registering for online records. On very rare occasions your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online records.

You may see your test results before your doctor has spoken to you about them. This may be when you cannot contact your surgery, or when your surgery is closed. This means you will need to wait until an appointment is available to talk to your doctor.

Information in your medical records might need correcting. If you find something you think is not correct, you should contact your surgery. The staff will be able to answer your questions and set things right when needed. Please bear in mind that you cannot change the record yourself.

There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to your surgery and they will discuss this with you.

If you see someone else's information in your record, please log out immediately and let your surgery know as soon as possible.

If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.

Information for new patients: about your Summary Care Record

Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COP) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only.

or

☐ Express consent for medication, allergies, adverse reactions and additional information.

No – I would **not** like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out).

Name of Patient:

Address:

Postcode: Date of Birth:

NHS Number (if known):

Signature: Date:

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

Name:

Please circle one: Parent Legal Guardian Lasting power of attorney
for health and welfare

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.

For Office Use Only	EMIS number			
	Patient Surname			
	Patient First names			
Hand out form GMS1, ethnic origin questionnaire and new patient questionnaire. If the GMS 1 has been emailed to us, we need the patient to sign the form when they attend the surgery			YES/NO	
Forms received back, checked and fully completed			YES/NO	
GMS1 form received and checked			YES/NO	
ID checked Detail type of ID seen			YES/NO ID verify read coded - 9RN	
Does the patient have a non-UK issued EHIC or S1 form? If YES Manually recorded Form and supplementary questions sent to NHS digital (non UK EHIC) or Overseas Healthcare Team (S1 forms)			YES/NO YES/NO YES/NO	
Practice Leaflet Given			YES/NO	
Patient informed of named GP (usual GP) Add both read codes re named GP			YES/NO 9NN60 added YES/NO 67DJ added YES/NO	
Next of kin details added			YES/NO	
Carer details added			YES/NO	
Written or Verbal invite for health check			YES/NO Add read code 9MC4 for verbal Add read code 9MC1 for written	
Patient informed that need an appointment with a GP if they have repeat medication			YES/NO	
New patient check with HCA/Nurse		Date	Attended?	
Date of booked appointment				
Chase once if not attended				
If no response, put on alert to indicate that a new patient check has not been done				
Check GP2GP in workflow manager (records received unfilled)– for receipt of record then file read code 9b08 if record received by GP2GP 'record received via GP2GP'		GP2GP Filed YES/NO If yes New Problem added using read code 9b08 with narrative 'Record received via GP2GP' YES/NO		
Once record has been downloaded check the dispensing status in registration and amend if it is incorrect		Dispensing status checked and correct Spelling re-checked as it defaults to old practice info YES/NO		
Place GMS1 and questionnaire in box 'awaiting paper records'		YES/NO		
	Not completed by patient	Completed by patient	On emailed form	OPEN EXETER UPDATED
Blood Donor – input on Open Exeter				
Organ Donor – input on Open Exeter				