

PENRYN SURGERY – PATIENT QUESTIONNAIRE : All information is treated in the strictest confidence.

Welcome to Penryn Surgery. If you would like to make an appointment to see your GP to discuss any health issues, please speak to one of our receptionists.

Information & Communication Needs : Please let us know if you have any information or communication needs. This may include large print, sign language interpreter or hearing aid communication tool. We will make note of this on your records and support you with this during future contacts with the Practice.

Surname First Name
 Title (Mr Mrs Ms etc) Date of Birth
 Contact Phone Numbers: Home Mobile.....

E-Mail:
 (By providing your e-mail address and mobile number you consent to us contacting you by these methods of communication. Please bear this in mind if you share an e-mail account)

On-line appointment booking / Prescriptions on-line / Access to medical record :

I wish to have access to the following online services :

Booking appointments : YES NO
 Requesting repeat medications : YES NO
 Accessing my medical record : YES NO

Photo ID seen : (Office use only)

YES	NO

I confirm I have been given a copy of "Applying For Access To Your Record Summary" and understand the implications of this service : Signed by patient :

SMOKING HISTORY (Please tick the appropriate box)

Are you a current smoker? Ex – smoker Never smoked

If you are interested in help and advice to stop smoking, please obtain a STOP SMOKING booklet at reception. You can contact our smoking cessation advisor Christine Cowe on 07887724831.

HEIGHT **WEIGHT**

BLOOD PRESSURE Please use the machine in the waiting room to measure your blood pressure. Please measure this 3 times as per the instructions next to the machine. Hand-in the printout, with your name on, to reception along with this questionnaire.

ALCOHOL - How many units of alcohol do you drink per week? (please circle)

0 1-14 15-21 22-28 29-35 36-42 43-49

QUESTIONS	SCORING SYSTEM					SCORE (admin only)
	0	1	2	3	4	
How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY	
Only answer the following questions if your answer above is monthly or more						
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	
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	
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 LAST YEAR	

PENRYN SURGERY – PATIENT QUESTIONNAIRE cont'd

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FEMALES ONLY

1. Do you have a coil fitted at present?
2. If so, what date was the coil fitted?
3. Do you have a contraceptive implant fitted at present?
4. If so, what date was the implant fitted?

YES	NO

ETHNIC CATEGORY – All patients (please circle one only)

WHITE

- A British
- B Irish
- C Any other White background

MIXED

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

ASIAN OR ASIAN BRITISH

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

BLACK OR BLACK BRITISH

- M Caribbean
- N African
- P Any other Black background

OTHER ETHNIC GROUPS

- R Chinese
- S Any other ethnic group
- Z Not stated

Please state your first Language

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Religion (please circle your religion)

- * Church Of England
- * Catholic
- * Muslim
- * Jewish
- * Prefer not to say
- * Other

PENRYN SURGERY – CARERS REGISTER

If you are a carer, please ask reception for a carers form. You will need to fill out the form and return it to reception for the surgery to add you to the carers register and for this information to be recorded to your medical records.

Patient Participation Group

The Practice is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you.

It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be given to you at your initial consultation.

Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the "Yes" Box)	Yes
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Please complete all three boxes below.

This information is required before your registration with the Practice can be finalised –

1) Summary Care Records :

A Summary Care record is an electronic record that can help give you safer, faster care by giving healthcare staff instant access to information about your MEDICINES, ALLERGIES and MEDICINES WHICH MAKE YOU ILL.

- I would like to share my Summary Care Record : Signed : _____
- I **do not** wish to share my Summary Care Record : Signed : _____

2) Care.data :

Care.data is the use of information from your medical record for audit purposes. Your postcode and NHS number are extracted but not your name or address. The NHS will use this data to plan NHS services and carry out research.

- I would like to share information for Care.data : Signed : _____
- I **do not** wish to share information for Care.data : Signed : _____

3) Enhanced Data Sharing Model :

SystemOne is the clinical computer system used by Penryn Surgery. Opting into this method of sharing your medical information will allow other services who use this same clinical computer system, eg District Nurses, to access your medical record but **ONLY** if they have need to do so for your clinical care.

Do you consent to the sharing of data recorded here with any other organisations that may care you ?

- Yes
- No

Do you consent to the viewing of data by this organisation that is recorded at other care services that may care for you and where you have agreed to make the data shareable?

- Yes
- No

Leaflets and further information on all of the above data sharing models can be obtained from reception.

APPLYING FOR ONLINE ACCESS TO YOUR RECORD SUMMARY

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>