

PENRYN SURGERY – NEW PATIENT OVER 16YRS 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 a 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 for Direct Patient Care – including national screening programmes. 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 :

Have you ever served in the British Armed Forces ? YES NO

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 stop smoking services on 01209 615600, or contact the surgery to book an appointment with Michelle Stubbs, our smoking cessation counsellor.

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

<u>QUESTIONS</u>	<u>SCORING SYSTEM</u>					<u>SCORE</u> (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

All information is treated with the strictest confidence

FEMALES ONLY

1. Do you have a coil fitted at present? Yes No
2. If so, what date was the coil fitted?
3. Do you have a contraceptive implant fitted at present? Yes No
4. If so, what date was the implant fitted?

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

.....

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.

Please complete both boxes below.

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) 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

3) National Data opt-out :

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. In May 2018 strict rules about how this data can and cannot be used were strengthened. You can choose whether your confidential patient information is used for research and planning.

To find out more visit : nhs.uk/your-nhs-data-matters

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

The Practice's Privacy Policies, (prepared in line with GDPR requirements), can also be obtained from Reception. They can also be viewed in our waiting rooms and on our website.

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>