**NEW PATIENT REGISTRATION FORM**

**To register with our practice please bring recent proof of your address within our catchment area, complete a purple GMS1 form and both pages of this questionnaire.**

|  |  |
| --- | --- |
| Your joining appointment is on……………………………....at…………………….. with………………………….. | |
| Forename(s): | Surname: |
| Sex: Male Female  *(Please circle)* | Date of Birth: |
| NHS No: | Home Phone Number |
| Mobile Phone Number Works Phone Number | |
| Email Address I am happy/ not happy to be contacted by email | |
| Ethnic Origin: *(Please circle)*  9i0.. British or mixed British  9i1.. Irish  9i2.. Other White background  9i3.. White and Black Caribbean  9i4.. White and Black African  9i5.. White and Asian  9i6.. Other Mixed background  9i7.. Indian or British Indian | 9i8.. Pakistani or British Pakistani  9i9.. Bangladeshi or British Bangladeshi  9iA.. Other Asian background  9iB.. Caribbean  9iC.. African  9iD.. Other Black background  9iE.. Chinese  9iF.. Other  9iG.. Ethnic category not stated |
| First Language: | Do you need a chaperone **yes/no**  Do you need the help of and interpreter **yes/no** |
| Height: Weight: | Do you want to join our patient user group **yes/no** |
| Do you smoke? YESNEVER / EX-SMOKER *(Please circle)* If Yes, how many per day?  If ex-smoker when did you stop? How many did you smoke per day? | |
| Current medication | Have you got any concerns about your mental health? **YES/NO**  Have you got any concerns about your memory? **YES/NO**  Have you got any disabilities? **YES/NO** |
| Significant Medical History:  Allergies: | |
| Family Medical History:  Have any of your family members had any of the following conditions?  **Condition** *(Please circle)* **Relationship Age the condition started**  Heart Disease …………………… ……………  Stroke …………………… ……………  High Blood Pressure …………………… ……………  Diabetes …………………… …………… | |
| Are you a Carer? YES NO *(Please circle)*  If yes, who do you care for?.............................................  What is their illness/ disability? | |
| Have you ever served in the armed forces or served as a reservist? YES/NO (code 13q3 served)  If yes which service were you in?......................................... (military veteran code 13Ji)  When did you serve?......................to…………………………  Did you see active service Yes/No | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Your alcohol Consumption** | **Scoring** | | | | | **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 do you have on a typical day | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **ADD UP YOUR SCORE FOR THE FIRST 3 QUESTIONS.**  **IF THE RESULT IS LESS THAN 5 THEN YOU MAY STOP HERE.**  **IF YOU SCORE 5 OR ABOVE THEN PLEASE COMPLETE THE REMAINING QUESTIONS.** | | | | | |  |
| How often in the last year have you found you were unable 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 |  |

**Alcohol Units:**

Pint of regular beer / lager / cider - 2 units.
Alcopop or can of lager - 1.5 units
Glass of wine (175ml) - 2 units
Single measure of spirits - 1 unit
Bottle of wine - 9 units

Pint of regular beer / lager / cider - 2 units. Alcopop or can of lager - 1.5 units Glass of wine (175ml) - 2 units Single measure of spirits - 1 unit Bottle of wine - 9units

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**THANK YOU AND WELCOME TO OUR PRACTICE**

**CONSENT TO SHARE ELECTRONIC DATA - PATIENT DECISION FORM**

As a Stockport resident, you may receive care and treatment from a number of places such as your GP practice, hospital and community services who will all hold information about you. In order for professionals to provide you with the best possible treatment and support it is important for them to have quick access to the information they need, which may be held by someone else who has provided you with care. In the past this was often done by fax, phone or post which can be slow. To improve this we have now moved to sharing information electronically. In Stockport this is achieved via nationally shared ***Summary Care Record*** and the ***Stockport Health & Care Record***.

The information below should be read with the leaflet ‘how information about you helps us to provide better care’.

**Summary Care Record (SCR)**

The NHS in England introduced SCRs to improve the safety and quality of patient care. It gives healthcare staff across the country faster, easier access to reliable information about you to help with your treatment. A summary of NHS patient data is held on a central database covering England. The purpose is to make patient data readily available anywhere that you seek treatment in England, i.e. when you are away from Stockport.

The SCR is an electronic patient record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had.

Having an SCR gives authorised healthcare staff a quicker way to get important information about you, and can reduce the risk of medical errors occurring when caring for you in an emergency or out-of-hours, when your GP practice is closed. Only healthcare staff involved in supporting or providing your care can see your SCR. Healthcare staff will ask your permission every time they need to look at your SCR. If they cannot ask you, for example if you are unconscious, they may look at your SCR, but if they do this, they will make a note on your record to say why they have done so.

You can choose whether or not to have an SCR. If you choose to have a SCR, you do not need to do anything, this will happen automatically. If you choose **not to** have an SCR, please complete the following to record your decision:

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **I refuse consent for upload to the Summary Care Record (Code 9Ndo)** | |
| **Signed:** | **Date:** |

**Stockport Health & Care Record (SHCR)**

The Stockport Health & Care Record (SHCR) brings together information from health and care services in Stockport. The main benefit of having a SHCR is that it will ensure that the health and care professionals helping you in Stockport will have access to all the information they need quickly so that they can make better, more informed decisions for you.

You can be reassured that the record is kept on a secure database and never sent to organisations not involved in your care. Access to the record is restricted to professionals working within Stockport who are directly involved in your care, and is only accessed with your consent.

If an emergency situation arises timely access to your health records and medical history will ensure the professional treating you will have a complete picture of your care in order to make the best decisions about your diagnosis, treatment and care plan. Your SHCR includes information like test results, medications, allergies and social care or mental health information relevant to you.

You can choose whether or not to have an SHCR. If you choose to have this, you do not need to do anything, this will happen automatically. If you choose **not to** have an SHCR , please complete the following to record your decision:

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **I refuse consent for upload to the Stockport Health and Care Record (Code 93C1)** | |
| **Signed:** | **Date:** |

**Consent to Share Electronic Data**

**NHS England care.data Programme (Better Information Means Better Health)**

**Patient Decision Form**

All households in the UK have been sent an information leaflet about the changes to the way in which medical information will be used to improve the quality of care and health services for all. Further information can be found by visiting [www.nhs.uk/caredata](http://www.nhs.uk/caredata) or ringing 0300 456 3531.

Please complete this form to tell us whether or not you want your information to be extracted to care.data.

|  |  |
| --- | --- |
| **Question 1 (9Nu0)** | |
| I **do** agree to my GP surgery sharing data with HSCIC |  |
| I **do not** agree to my GP surgery sharing data with HSCIC |  |
| **Question 2 (9Nu4)** | |
| I **do** agree to HSCIC sharing data obtained about me from other health and social care settings with third parties |  |
| I **do not** agree to HSCIC sharing data obtained about me from other health and social care settings with third parties |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Signed:** | **Date:** |

**For Practice Use:**

|  |  |
| --- | --- |
| Read codes added by: |  |
| Signature: |  |
| Date Read codes added for dissent (9Nu0 and 9Nu4): |  |

**Patient Consent for Email and Text Message Communication**

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.

Patient Privacy is important to us, and we would like to communicate with you regarding any activities that may be of interest, which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about or to book appointments.

*Emails and text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by contacting the Practice Manager.*

Please indicate your consent or otherwise in the table below :

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** |  | **Date of Birth** |  |
| **Mobile Tel No:** |  | **Consent to use?** | Yes / No |
| **Email Address:** |  | **Consent to use?** | Yes / No |
| **Signature** |  | **Date** |  |