

NEW PATIENT QUESTIONNAIRE (AGE 16+)

Please complete the questionnaire as fully as possible.

<p>Personal Details</p> <p>First name _____</p> <p>Surname: _____</p> <p>Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Home Tel: _____ Mobile Number: _____</p> <p>I consent to be contacted on my mobile <input type="checkbox"/></p> <p>Email Address: _____</p> <p>I consent to be contacted by email on this email address <input type="checkbox"/></p> <p>First Language: _____</p> <p>Do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Ethnicity: (Please tick)</p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>White Other <input type="checkbox"/></p> <p>Black Caribbean <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Black Other <input type="checkbox"/></p> <p>Indian/British Indian <input type="checkbox"/></p> <p>Pakistani/British Pakistani <input type="checkbox"/></p> <p>Bangladeshi/British Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (please specify)</p> <p>I do not wish to state <input type="checkbox"/></p>
<p>Next of Kin Details</p> <p>Name of Next of Kin: _____</p> <p>Relationship to Patient: _____</p> <p>Next of Kin Telephone Number: _____</p>	

Are you a Carer?

Please tick if you are looking after someone who is ill, frail or had a long-term medical physical or learning disability.

If ticked, please ask for a Carer's Registration Form.

Do you have a Carer?

Please tick if you have someone looking after you and your medical needs.

Electronic Prescription Service

All scripts where possible are sent electronically to the pharmacy of your choice. Please let us know the name of your preferred pharmacy: _____

Personal Medical History

Do you have any of the following? Please tick:

Asthma Cancer COPD Epilepsy
Hypertension Heart Disease (angina, previous heart attack/MI)
Kidney/renal Failure Learning Difficulties Mental Health Problems
Stroke (CVA) Type 1 Diabetes Type 2 Diabetes

Please list any serious illnesses/Operations/accidents (and for women any pregnancy related problems) and the year they took place.

Drugs and Medicine

Are you allergic to any drugs or medicines? **If yes please state** _____

Family Medical History (Please tick)

Has anyone in your immediate family suffered from any of the following?

<input type="checkbox"/> Stroke (under the age of 60)	Family member, if any: _____
<input type="checkbox"/> Heart Disease (Angina, Heart Attack)	Family member, if any: _____
<input type="checkbox"/> High Blood Pressure)	Family member, if any: _____
<input type="checkbox"/> Diabetes	Family member, if any: _____
<input type="checkbox"/> Other	Family member, if any: _____

Female Patients

Date of last cervical smear: _____

Result: _____

Where was this done? GP Surgery Other _____Have you had a hysterectomy? When (Month/Year) _____Are you pregnant? Estimated due date _____**Sexual Health****Please tick any of the following if you would like further advice. We will be in contact to book the appointment once you are registered.** **Contraception**

E.g. Condoms, Depos, Implants or Coils

 Chlamydia Screening

If you are between the ages of 15-24 and are sexually active, you are entitled to a free chlamydia screen. Please ask one of our receptionists for a kit. (If Chlamydia is left untreated in women, it can lead to infertility and for men, it can cause symptoms such as painful testicles).

 HIV Testing

Would you like to have an HIV blood test? (HIV is treatable and having this test does not affect any insurance premiums).

Lifestyle Questions

Height: _____ Weight: _____ Blood Pressure: _____

Smoking Status:

- Never smoked
- Cigarettes – How many do you smoke a day?
- Pipe Smoker – How much tobacco do you smoke a day?
- Cigar Smoker – How many do you smoke a day?
- Shisha Smoker- How much shisha do you smoke a day?
- Ex-Smoker – When did you give up?

For local information on Stop Smoking, you can call 0800 085 2903 or visit www.kick-it.org.uk**Alcohol Audit- C Screening Toolkit**Do you drink alcohol? Yes No How many units per week? _____

	0	1	2	3	4	Score
How often do you have a drink that contains Alcohol?	Never	Monthly or Less	2 – 4 times a month	2 – 3 times week	4 + times a week	
How many standard alcoholic drinks do you have on a typical day when you are 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	

New Patient CheckIf you are in the 40-74 age group and would like to have a health check, please book in an appointment with our healthcare assistant. This check is very important in detecting the early signs of some increasingly common diseases (e.g. diabetes and high blood pressure). This will require you to have a blood test. YesAre you serving or have you served as a member of the British Armed Services? Yes No Do you need help with communication? Large Print Braille Induction Loop British Sign Language **Proof of ID provided: (For Practice use only)** Passport Driving Licence Other _____**Proof of Address provided:** Utility Bill Other _____

Initials: _____

GP Surgery Kingston CCG

Application Form for Online Access

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

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"/>
Accessing my medical record	<input type="checkbox"/>
1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. I understand that my medical record is designed to be used by clinical professionals to ensure that I receive the best possible care. Some of the information within my medical record may be highly technical, written by specialists and not easily understood. It may be best not to access my notes for the first time in the evenings or at weekends, when the surgery may be closed.	<input type="checkbox"/>

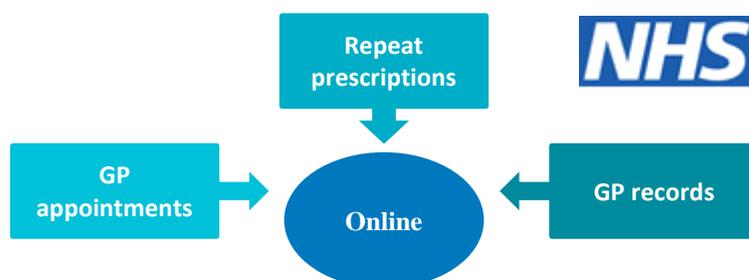
Signature	Date
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For practice use only

Identity verified and password created by	Date	Photo ID and proof of residence <input type="checkbox"/> Vouching <input type="checkbox"/>
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Patient Online Access

Patient information leaflet 'It's your choice'



If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

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.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

Things to consider
<p>Forgotten history There may be something you have forgotten about in your record that you might find upsetting.</p>
<p>Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

New Patient/Practice Agreement

Initial in the blank boxed to indicate your understanding and agreement.

Below: I: the Patient We: the Practice

Disclosure	
<p>I agree to disclose all material facts regarding my health to my General Practitioner and his/her clinical staff.</p> <p>We, the Practice, declare that we shall not disclose any information regarding you without your written consent, unless required to do so by a court order or any other legal obligation.</p>	
Confidentiality	
<p>We declare that we shall hold confidential all matters pertaining to you and not release such information, except in relation to managing your care (eg referral letter) without your written consent, unless required to do so by a court order or any other legal obligation.</p>	
Evidence Based Medicine	
<p>I understand and agree that Central Surgery clinicians practice evidence based medicine and as such they may make changes to my existing treatment in order to optimise my health care.</p>	
Appointments	
<p>I agree to arrive on time for all appointments that I book with the Practice, or to cancel in advance any appointment that I cannot attend.</p> <p>Cancellations can be made online, by selecting option 2 from the telephone menu or texting back CANCEL to the appointment text reminder.</p> <p>I acknowledge that if I arrive more than 10 minutes late for an appointment I will only be seen at the clinician's discretion, based on his/her assessment of my clinical need, and that I may be asked to wait until the end of the surgery, or to rebook for another time/day.</p>	
Prescribing	
<p>I understand and agree that Central Surgery do not believe in prescribing benzodiazepines (such as temazepam, nitrazepam, diazepam and Z drugs) unless for short term use. Central Surgery cannot guarantee that they will issue opiates or benzos and especially not on the day I register. They have a policy on general withdrawal of these unless I am on a shared care scheme.</p>	
Repeat Prescriptions	
<p>I will give 48 working hours' notice when requesting a repeat prescription.</p> <p>Furthermore I agree to make my request in writing: by email, via the patient online access or through my nominated pharmacy.</p> <p>I acknowledge that medications requests cannot be made by telephone.</p>	
Test Results	
<p>I understand that I can telephone for results of medical tests after 2pm.</p> <p>I acknowledge that I am responsible for contacting the practice for results, and that I will only be contacted by you in cases when I need urgent medical attention following a test.</p>	
Home Visits	

I will only request a home visit from the Practice under circumstances where I cannot physically attend at the Practice, and have no one who can assist me. I will endeavour to make this request no later than 10:30 am.	
Telephone appointments	
I understand that I may book a telephone consultation with a doctor or nurse, but I will not be able to speak with them whilst they are consulting with other patients.	
Out of Hours and A&E Services	
I agree to use the Out of Hours Services or A&E only where it is medically necessary, otherwise I will contact the surgery when it is next open.	
Out of Area Patients	
I must inform the Practice when I change address. If the address is no longer in the Practice's catchment area, I will need to find another practice in my new area within 28 days.	
Non NHS Services	
I agree to pay fees for non NHS services (such as medical certificate for absences less than 7 days or private medicals etc.) I understand such services are not covered under the NHS. I acknowledge that private letters and forms that are not clinically urgent may take up to 20 working days to process. I understand that all private fees must be paid in cash or by cheque when services are requested.	
Zero Tolerance	
I agree with the policy of Zero Tolerance of abuse towards all NHS Staff and I agree not to behave in an abusive, threatening or otherwise aggressive manner with any member of the Practice Staff or others at the health centre. I acknowledge the right of the Practice to remove me from their List without appeal should I behave in a manner prohibited. I can expect to receive equal respect and courtesy from the Practice Staff.	
Bringing Children	
If you bring children to the surgery, we would be grateful if you would ensure they do not disturb other patients. Please supervise them at all times.	
Mobile Phones	
We welcome the use of mobile technology. We simply ask you to be sensitive to others when using your mobile phone; by muting the ringer (to vibrate only or silent) and speaking quietly and at a reasonable distance from others in the waiting room. We would request you not to use the phone facility whilst in a consultation.	
Food and Drink	
Please make use of the cooled water dispensers. Ask at Reception for a cup. Please supervise children using this facility and let us know if there is a spillage. If you have drinks or snacks while you are waiting for your appointment, please dispose of containers in the waste bins. Please do not eat hot food or drink alcohol in the waiting room.	

Recording Consent of Patients for Data Sharing Initiatives in Kingston

<p>Kingston Care Record & Kingston GP Chambers Local Initiatives</p>	<p>Local Data Sharing with Kingston Care Record (KCR), and Kingston GP Chambers enables your local Kingston care providers, to view the relevant clinical information about you, when they are treating you, and so give you the best possible care. These include local Nurses, Out of Hours GPs, specialist Clinics and more. It also helps to feed back information, to your own GP, on treatment and advice you have received elsewhere.</p>	<p>I am happy with and agree to local data sharing <input type="checkbox"/></p> <p>Or I want to:</p> <p>Opt out of KCR <input type="checkbox"/></p> <p>93C1</p>
<p>Summary Care Record</p> <p><i>also known as</i></p> <p>SCR</p>  <p>National Initiative</p>	<p>Having a basic Summary Care Record - SCR, enables health care providers around the country, to view your</p> <ul style="list-style-type: none"> • medication (last 12m) • bad reactions to medicines • allergies <p>when you're admitted to hospital, when treating you in an emergency, or when your practice is closed.</p> <p>Additional Information or Enriched SCR Having an Additional Information Summary Care Record allows for more details of your significant medical history and specialist needs, to be included in your SCR. This is particularly useful, if you have long term conditions, or have specialist needs or instructions for your care. It can also include next of kin details. The SCR is used by hospitals and ambulance services around the country.</p>	<p>I want to have a Summary Care Record. <input type="checkbox"/></p> <p>9Ndm</p> <p>I want an enriched SCR with medication, allergies, and Additional Information <input type="checkbox"/></p> <p>9Ndn</p> <p>I do not want to have a Summary Care Record. <input type="checkbox"/></p> <p>9Ndo</p>
<p>Care.data</p> <p>National Initiative</p>  <p><i>Soon to be known as</i></p> <p>National Data Opt Out</p>	<p>This relates to the use of your data required for general medical research and NHS management, but <u>not</u> related to providing you with direct care.</p> <p>Care.data aimed to make increased use of information from medical records with the intention of improving healthcare via research. You can opt out of your data being used outside of the NHS but ok within it. Or you can opt out of your data being used by anybody including the NHS.</p> <p>This is to be replaced by <i>National Data Opt Out</i> starting in March 2018. The current opt outs will be respected until 2020 by which time they should be replaced by the new 'online' or 'phone in' version for you to update.</p>	<p><i>The NHS will assume you are happy for your data to be used unless you opt out. There are 2 levels of opt out, you can opt out of none, one or both:</i></p> <p>I do not want my personal and confidential data to be used outside of the NHS <input type="checkbox"/></p> <p>9Nu4</p> <p>I do not want my personal confidential data to be used for research by anyone. <input type="checkbox"/></p> <p>9Nu0</p>

Office Use: To enter KCR opt-out, select 'Sharing' from the menu bar in the care record, then select 'EMIS sharing consent' which is for opting out of KCR. 'SCR Consent' is for entering SCR preferences. Care.data codes have to be added manually.

Welcome to Central Surgery

Your registration will be processed in 72 working hours. If you have signed up for the Patient Online Services, you will receive an email with your login details. If you have not yet signed up, please do consider this enables you to book your GP appointments at any time and request your repeat medication.

Appointments

We hold surgery sessions from 07:30am until 20:00pm Mondays to Thursdays, until 18:30pm on Fridays and Saturdays from 8.00am – 12.00 pm.

You can make appointments to see one of our health professionals:

- **Online**- These appointments can be made on your mobile device while you are out and about or on your computer at your desk at work
- **By phone**- On 020 8399 6622 (lines open from 08:00 – 18:30 Monday to Friday, 08:00- 12:00pm Saturdays) Please be aware that our busiest time tends to be between 8-10am Mon-Fri so you may find it more convenient to call later in the day if you just want to book a routine appointment.
- **In person**- At the surgery reception desk between 07:30am – 20:00pm Monday to Thursday, 07:30am - 18:30 on Fridays and 8.00am -12.00pm on Saturdays.

In order to cut down on the number of patients who fail to attend, appointments can only be booked 28 days in advance. If you are unable to attend an appointment, you are able to contact the surgery on 020 8399 6622, text back CANCEL to the appointment text reminder or email us on kinccg.centralsurgery@nhs.net.

Appointment duration - Our standard length of appointment is 10 minutes. Whilst our clinicians will do their best to deal with your health issues in the time they have available, this isn't always possible. If you do have a number of queries that you need to discuss, please request a double appointment at the time of booking.

Medication and Prescriptions

All medication we prescribe at Central Surgery adheres to the Kingston CCG medicines formulary guidelines. Therefore, any medication you have been previously prescribed will be reviewed by our GPs or Clinical Pharmacist and may be changed in line with the latest local prescribing guidance. Should you require your repeat medication that was prescribed prior to you joining the surgery, you must make a routine appointment to see a clinician.

When visiting the surgery

To check in for your appointment, please use the self-check in machine by the Central reception desk.

For making appointments or any other queries, please wait to be called forward by the receptionist.

Parking

All patients are entitled to 2 hours free parking and MUST validate their car. For more information, please go to <http://www.centralsurgerysurbiton.co.uk/info.aspx?p=10>

Please note that the surgery does not manage the carpark. Euro Car Parks have been contracted to manage the car park system. Should you receive a penalty notice and wish to appeal this please contact them directly, as detailed in the notice letter, by calling 020 75633000 or emailing info@eurocarparks.com

Non NHS Services

Some services provided are not covered under our contract with the NHS and therefore attract charges. Examples include the following: Medicals for pre-employment, sports and driving requirements (HGV, PSV), Insurance claim forms, letters for taking medication abroad or private sick notes. For more information, please go to <http://www.centralsurgerysurbiton.co.uk/page1.aspx?p=1&t=5>