

Ringwood Medical Practice

1stFloor, Ringwood Medical Centre, The Close, Ringwood, Hampshire, BH24 1JY

Email: whccg.ringwoodmc@nhs.net

Tel: 01425 478901

NEW PATIENT QUESTIONNAIRE

Welcome to Ringwood Medical Practice.

These questions have been designed to help your new GP and the Practice Team get to know you and your medical background. We require all New Patients to provide two forms of identification at the time of Registration.

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please complete all pages in **FULL** using **BLOCK** capitals.

Title	<input type="text"/>	Date of Birth	<input type="text"/>
First Names	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	Postcode		
Home Number	<input type="text"/>	Work Number	<input type="text"/>
Mobile Number	<input type="text"/>	Occupation	<input type="text"/>
Email	<input type="text"/>		

Consent for the Practice to communicate via (please tick)

Email SMS

Do you have any special communication needs?

Yes No

If yes; Sign Language **Large Print** Other

STAFF USE ONLY			
Photographic Identification	Please Tick	Confirmation of Address	Please Tick
Passport		Utility Bill	
Driving License		Banking/Credit Card Statement	
Buss Pass		Birth Certificate	
Student Card		EU Card	
I.D. Card		Marriage Certificate	
Other		Other	
Staff – Inform Patient of Registered GP			
		GP:	
		Staff Initial:	

Please Tell Us About Yourself

Personal Medical History

Have you ever suffered from ANY of the below? Please provide details if possible.

Diabetes		Chronic Lung Disease	
Asthma		Cancer	
High Blood Pressure		Mental Health Problems	
Epilepsy		Liver/Kidney Disease	
Heart Disease		Visual Impairment	
Stroke		Hearing Impairment	
Learning Disability		Other	

Smoking

Do you smoke? Yes No If yes, do you smoke? Cigarettes Cigars Other; e.g. E-cigarettes Pipe

How many cigarettes/cigars do you smoke per day?

Would you like help to quit smoking? Yes No

Are you an ex-smoker? Yes No If yes, when did you quit?

Alcohol

Do you drink alcohol? Yes No If yes, how many units do you drink per week?

If you do drink alcohol, please fill out the following questionnaire.

	0	1	2	3	4	Score
How often do you have a drink that contains alcohol?	Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times per week <input type="checkbox"/>	4+ times per week <input type="checkbox"/>	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7-8 <input type="checkbox"/>	10+ <input type="checkbox"/>	
How often do you have 6 or more standard drinks on one occasion?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily <input type="checkbox"/>	

Lifestyle

Please enter your;

Height	<input style="width: 150px; height: 20px;" type="text"/>
Weight	<input style="width: 150px; height: 20px;" type="text"/>

Blood Pressure

**please use one of our self-check machines in the waiting room*

Do you exercise? Yes No

If yes, what exercise do you do?
 How often do you exercise?

Do you have any concerns with your memory? Yes No

Electronic Prescriptions

Please nominate a Pharmacy you would like your prescriptions sent to electronically. You will not have to visit your GP Practice to pick up your paper prescription. Instead, your prescription will be sent automatically to the Pharmacy of your choosing. You can nominate or change this at any time.

Please tick your preference:

Lloyds, Ringwood	<input type="checkbox"/>	Lloyds, Poulner	<input type="checkbox"/>	Ringwood Pharmacy (Delivery Only)	<input type="checkbox"/>
Boots, Ringwood	<input type="checkbox"/>	Bretts, St Ives	<input type="checkbox"/>	Other Pharmacy _____	

Please note: we no longer issue paper prescriptions

More information about Electronic Prescription Service can be found at www.systems.hscic.gov.uk/eps

Please list all CURRENT medication, including how many and how often, i.e. 25mg twice daily or attach your up to date repeat prescription list

Please list ANY allergies

Female Patients Only

Which method of contraception, if any, are you using at present?

If possible, when and where was this started/fitted?

Ethnicity & Language

What do you consider to be your Ethnic Origin?
What is your Main Spoken Language?
Do you require an interpreter?

Armed Forces

Have you ever served in any of the following?

Royal Army	<input type="checkbox"/>	Royal Air Force	<input type="checkbox"/>
Royal Navy	<input type="checkbox"/>	Royal Marines	<input type="checkbox"/>

If yes, which year did you leave?

Nomadic Traveller

Yes No

SystemOnline Registration

SYSTEMONLINE gives you, as a patient, easier access to your GP Surgery, allowing you to manage your healthcare. Through SystemOnline you are able to:

- **Request Medication:** With SystemOnline you can manage you prescriptions and order medication from your computer, tablet or mobile phone up to 7 days in advance.
- **Appointments:** We currently offer a range of appointments, all available to book online. These are available up to 4 weeks in advance.
- **Medical Records/Test Results:** With SystemOnline you can view your Coded Medical Record, upon request, and any recent test results you may be awaiting whenever you choose.
- **Update you Details:** Changed your phone number or moving house? These details can all be updated by yourself to ensure we can keep in contact with you.

I would like to register for SystemOnline*
I would not like to register for SystemOnline

Further information can be found in the included booklet.

*Please ensure you have filled out your email address on the front page.

Please tick if you would like to have a New Patient Health Check

Next of Kin

Name	DoB:	Relationship	Contact Details

Carer

Do you have a carer? Do you look after someone who is unwell, frail, disabled or mentally unwell? If so, we would like to support you. Please complete the form below so we can add the relevant details to your medical records.

If you would like free information about services and support available please contact **Carers Together** on 01794 519495 or email admin@carerstogether.org.uk

Your Carers Details:

Full Name	
Address	
Contact Numbers	
Relevant Information	
I give consent for my details to be held, as a carer, by the Ringwood Medical Centre and for them to contact me as necessary (delete as appropriate) YES / NO	
Signed _____ Date: _____	

Details of the Person You Care For:

Full Name	
Address	
Contact Numbers	
Relevant Information	
I give consent for my details to be shared with my carer, shown above (delete as appropriate) YES / NO	
Signed _____ Date: _____	

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Signed

Date

Sharing Your Personal Medical Data

Please complete the information below with your choices on sharing your data. For more information on this please see the following page.

(*Delete as appropriate)

Summary Care Record

- * I DO / DO NOT wish to have a Summary Care Record.

(This will mean NHS Healthcare staff caring for you may not be aware of your current medication, any allergies or reactions to previous medication.)

TPP SystemOne

- * I AGREE / DO NOT AGREE to information about me being shared with other services using TPP Medical Systems
- * I AGREE / DO NOT AGREE to this Practice seeing information recorded at other services using TPP Medical systems.

Data for Research

- * I DO / DO NOT consent for my information to be used for research purposes.

Care & Health Information Exchange

- * I DO / DO NOT wish to have a Care and Health Information Exchange record.

Signed

Date

Objecting on behalf of others who cannot do so themselves

Children – If you are a parent or have parental responsibility for a child who is not able to make an informed decision (generally under 14 years old), then you can make a decision about information sharing on their behalf. However, a separate form is required for each individual in the family.

If a child is old enough to make an informed decision then this will be respected above that of any parental objection.

If you do not hold a Lasting Power of Attorney* for an individual who cannot decide for themselves then you can raise your concerns to the patients GP.

Name of other with Parental Responsibility/LPOA*:

Signed

Date

Data Sharing Information

This Surgery keeps all consultations and your medical records confidential but this information explains the circumstances where your information is shared, with whom it is shared with and why. Some of which are obvious, others are less obvious. It also outlines where you can exercise your right to object to sharing of your information.

There are circumstances where we either have your consent already to share information or there is a legal requirement that **cannot** be objected to:

1. Personal information about illness and health with other healthcare professionals for patient care. For example; referrals to a Hospital, District Nurses, Midwives etc.
2. Anonymised information is shared with the Department of Health so that we are paid accurately for looking after you, and so that research can be conducted that is felt to be in the public interest and plan the health service.
3. Personal information (where you are identified in person) with public health in order to arrange programmes for childhood vaccination, cancer screening (e.g. breast and bowel cancer) and to prevent infectious disease outbreaks.
4. Personal information (where you are identified in person) to detect or prevent a serious crime for example when there is danger to a particular vulnerable person like a child or threat to the wider public from disease or emergency.

There are also circumstances where your personal identifiable information is shared and **CAN** be objected to:

Summary Care Record (SCR)

This contains only information on any medications you are taking and allergies you have so that NHS professionals can avoid any medication mistakes when looking after you when the surgery is closed. The record contains your name, address, date of birth and NHS number to identify you correctly but can include more information with your expressed permission. NHS professionals anywhere in England can view your SCR with your permission if they feel it would help them look after you. If you opt out of having an SCR then they will not have this useful information and we would recommend that you allow this record to be kept if at all possible.

For more information phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk.

TPP SystemOne

This Practice uses a clinical computer system called SystemOne to store your medical information. This system is also used by numerous other GP Practices, Child health Services, Community Services, Hospitals, Out of Hours and many more. This means that your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history, including medication and allergies. You can control how your medical information is shared with other organisations that use this system:

1. Sharing Out – This controls whether your information that is stored in the Practice can be shared with other NHS Services.
2. Sharing In – This controls whether information made shareable at other NHS care services can be viewed by us, your GP Practice.

Care and Health Information Exchange

The Care and Health Information Exchange (CHIE) is a secure system which shares health and social care information from GP surgeries, hospitals, community and mental health, social services and others. CHIE helps professionals across Hampshire, the Isle of Wight and surrounding areas provide safer and faster treatment for you and your family by:

- Ensuring you only have to tell your story once.
- Reducing delays to your treatment. For example, by reducing the need to repeat blood tests.
- Making sure doctors, nurses and other involved in your care know about your medical history.
- Identifying diseases that you might be at risk of developing in the future. This can help you take action early to protect your health

You can find out more at www.chie.org.uk, contact info.chie@nhs.net or call 0300 123 1519.

If you do not object to above then you don't need to take further action. You can change your mind at any time by speaking to Reception or your GP who will arrange for you to be contacted by the Surgery to check your decision.

National Data Sharing

The NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England. Unless you have chosen to opt out, your confidential patient information can be used for research and planning. This online service allows you to make or change your decision at any time. You can also download a form to manage a choice on behalf of another individual by proxy.

If you wish to opt-out, you will need to record a national opt-out that offers you a new way to prevent your confidential patient information from being used for research and planning. You can find out more about the national data opt-out online at: www.nhs.uk/your-nhs-data-matters or by contacting 0300 303 5678.