

Nidderdale Group Practice - New Patient Questionnaire (16 years onwards)

Thank you for registering with Nidderdale Group Practice. We aim to offer a high quality service in a warm and friendly environment, with the emphasis on providing a wide range of services at each of our surgeries. Further information regarding the practice and our services can also be found on our internet site

www.nidderdalegrouppractice.co.uk . Please complete this questionnaire so we can include the information in your medical record.

Title: Mr/Mrs/Miss/Ms Date of Birth: Surname:

Forenames: Calling Name:

Home Tel: Work Tel No: Mobile:

Please circle preferred method of contact: Phone/Text/Letter Occupation:.....

Email: Address:

Next of Kin: Relationship.....Tel No:.....

Smoking Status - please select from below

Never Smoked Yes

Ex Smoker Yes Date Stopped

Current Smoker Yes Number per day

Are you interested in receiving any smoking cessation advice Yes / No

If yes, please inform one of the reception staff who will be able to give you further information.

Do you suffer from Asthma? Yes / No

Do you suffer from Chronic Obstructive Pulmonary Disease? Yes / No

Do you suffer from High Blood Pressure? Yes / No

Do you suffer from Diabetes Mellitus? Yes / No

Do you suffer from Ischaemic Heart Disease? Yes / No

Do you suffer from Cerebrovascular Disease? Yes / No

Do you suffer from any allergies (Medication / Food)? Yes / No

Please give details

If you are on regular medication please make an appointment to see a doctor and bring your list of medications.

Women Only:

Have you had a cervical smear test? Yes / No DateResult.....

Have you had a hysterectomy? Yes / No Date

Have you had a breast mammogram? Yes / No DateResult.....

Alcohol Consumption Questionnaire:



2 Units

Pint of Beer/Lager /Cider



1.5 Units

Alcopop or Can of Lager



2 Units

Glass of Wine (175ml)



1 Unit

Single Measure of Spirits



9 Units

Bottle of Wine

Do you drink alcohol? Yes / No Units per week.....

If yes, please complete the questionnaire below and enter your scores.

Questions	0	1	2	3	4	Score
How often do you have a drink that contains alcohol?	Never	Monthly or Less	2-4 times monthly	2-3 times weekly	4+ times weekly	
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	

If cumulative score is 5 or more proceed below.

How often in the last year have you found you were not able 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 yourself going after a heavy drinking session?	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	

0-7 = Sensible Drinking 8-15 = Hazardous Drinking

16-19 = Harmful Drinking 20+ = Possible Dependence

Total:

Ethnicity: We are now required to ask every new patient to provide details of their ethnic origin. Please select one of the options below.

- African
- Bangaldeshi or British Bangladeshi
- British or Mixed British
- Caribbean
- Chinese
- Indian or British Indian
- Irish
- Other Asian Background
- Other Black Background
- Other Mixed Background
- Other White Background
- Please state if Other
- Ethnic Category Not Stated

Language: Please indicate what you consider to be your first language.

English: Yes/No

Other Language :

If English is not your first language we are able to offer you an interpreter via ' Language Line'. Please inform the reception staff if you require this service.

Mobility

Do you have a mobility problem? Yes / No

If you have a mobility problem please feel free to telephone us from outside of the surgery on arrival so that we can assist you in accessing the building.

Carers

Are you a carer for a relative/friend? Yes / No Do you have a carer? Yes / No

Carers Name and Address:
.....

A carer is defined as a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who cannot manage to live independently or whose health or wellbeing would deteriorate without this help.

Named GP for patients 75yrs and older

If you are 75yrs or older you will have a nominated doctor to oversee your medical care.
You will be notified of the name of the doctor within 21 days of your registration.
Should you have a preference for your allocated GP then please let the surgery know.

Online Services

Nidderdale Group Practice will provide online services to patients aged 16 years and over as detailed below:

18 years and over	Standard Online Access - access to appointments and repeat prescriptions, as soon as the application has been processed and identification verified. Enhanced Online Access - access to their full medical record from 31st March 2017, once the application has been processed, identification verified and the additional authorisation process has been completed.
18 years and over (*Proxy Access)	Standard Online Access Only - access to appointments and repeat prescriptions, as soon as the application has been processed and identification verified.
16 to 18 years	Standard Online Access - access to appointments and repeat prescriptions, as soon as the application has been processed and identification verified, and where the patient can demonstrate the required level of competence deemed necessary to use the services appropriately and understand their responsibilities in respect of the online services, as set out in the patient information leaflet. Enhanced Online Access - access to their full medical record from 31st March 2017 once the application has been processed, identification verified, competence verified and the additional authorisation process has been completed.

*Proxy access - the practice will accept applications for proxy access to online services, from individuals who are authorised to act on behalf of another patient e.g. family member or carer,

Identity verification is required before online service applications can be processed. The practice will endeavour to process applications for standard services as quickly as possible and once identity has been verified the patient will be provided with their user credentials within 5 working days.

The practice requires 20 working days to process access to full medical records to allow for the GP data checks to be completed from when we receive your medical notes from your previous practice.

Note: The practice requires that the patient/proxy provide proof of identity on collection of user credentials. User credentials will not be released without this.

If you would like to register for this service please complete the application form.

Nidderdale Group Practice

Application for online access to my medical record

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):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

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"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method	
		Vouching o	
		Vouching with information in record o	
		Photo ID and proof of residence o	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / Explanation	
All coded data Yes / No			

Important information about your medical record

GPs are responsible for the information we hold about our patients and aside from our legal responsibilities, it is crucial that we maintain a good doctor/patient relationship of trust and confidence. It is important therefore that you know how we record information about you and the choices you have with regard to how this information is used and shared. We understand this is a lot to take in and if you wish to have anything explained further, please contact the surgery.

Information relating to your health care and well being

Nidderdale Group Practice records personal details about your medical history in the form of electronic computer records and some paper records for the purpose of providing them with appropriate health care. This information is held securely and only authorised and appropriately trained personnel have access to their medical records. We will never give information about you to third parties such as relatives, carers, solicitors or insurance companies without your explicit permission

Summary Care Record - Your Emergency Care Summary

This record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you may have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff only providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP Practice is supporting Summary Care Records and as a patient you have a choice:

Yes, I would like a Summary Care Record (you do not need to do anything and a Summary Care Record will be created for you).

No, I do not want a Summary Care Record (please contact a member of the reception staff for an opt-out form).

More information, is available at NHS Summary Care Record information line on 0300 123 3020 or visit the website at www.nhs.uk/summary-care-records where you can find information in other formats and languages. Opt-out forms can be printed or obtained from these sites too.

Data Sharing

We would like to make your whole medical record **AVAILABLE** to other NHS services involved in your care (e.g. the District Nurses/ Community Services/ Child Health services as required). **No one will see your record unless you GIVE them your permission.**

Do you consent to this? Yes No

Nidderdale Group Practice would like to see your medical record, created by other NHS services involved in your care.

Do you consent to this? Yes No

A leaflet is available from reception if you require further information. **Only authorised personnel will have access to this information and all NHS services will require consent from you before accessing.**

Sharing information for other research purposes

Nidderdale Group Practice is an approved site for research. We carefully select approved research projects carried out by universities and very occasionally commercial industries which we feel are ethically sound and of clinical value to the community. We will always inform you of specific research projects which may be relevant to you and we will send you a personal invitation with enough information to help you decide whether or not you wish to participate.

General Practice Data for Planning and Research data collection

Type 1 Opt Out

From 1st July 2021 NHS Digital will commence a new data collection initiative to include your complete GP medical record. Further information can be found on the NHS Digital website

All GP held patient data will be included in this collection. Nidderdale Group Practice is legally required to share data with NHS Digital for this purpose under the Health and Social Care Act 2012. The only exception to this is if a patient has actively chosen to opt out of data sharing. If you do not want your confidential GP held patient information to be used for research and planning, you can choose to opt out. This is known as a Type 1 Opt Out and the surgery must be informed before **31 August 2021**.

This opt out form can be downloaded from our website or obtained from reception.:

The completed form can be emailed to **nidderdale.group-practice@nhs.net** or dropped into the surgery. Please do not telephone the surgery, simply return the completed form.

National Data Opt Out

In addition to your GP medical record data collection, NHS Digital can also collect data from other healthcare providers you have had contact with, for example hospitals, community, mental health and social care records.

If you wish to opt out of this data being used for purposes other than your direct care you must additionally complete this preference by visiting the NHS Digital website. This is known as the National Data Opt Out.

If you want to complete a form in order to opt out, yourself and children can download this form from our website and post to the address as directed: Please note we cannot action these at the surgery.

You can choose to opt out of either or both of these data collections.

SMS Text Messaging and Email

We may like to contact you by text with appointment reminders and other information. Please inform a member of staff if you would prefer **not** to be contacted in this way.

We may like to contact you by email about health promotions, occasional questionnaires and other information. Please inform a member of staff if you would prefer **not** to be contacted in this way.

Accessible Information Standard

This aims to ensure that patients (or carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille and professional communication support if they need it, for example from a British Sign Interpreter.

This applies to patients and carers who have information and/or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have a some hearing and/or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

Do you have any specific information or communication needs? If so, please specify how we can meet these (e.g. large print, braille, easy read communications)

.....
.....

How do you prefer to be contacted?

What is your preferred method of communication?

How would you like us to communicate with you?

Can you explain what support would be helpful?

.....

What is the best way to send you information?

What communication support could we provide for you?

.....

.....

If you do have any specific Information or Communication needs, please confirm if you consent to us sharing these with other NHS or Social Care professionals involved in your care below :

Yes I consent No I do not consent

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

Signature of patient

Date.....

Signature on behalf of patient.....

Date.....



Practice use only

Service	Yes	No
New Patient leaflet given out		
Online services information leaflet given out		
Identification seen to register for online services		
SMS & Email enabled and verified		
Sharing data enabled		
Accessible Information Standard checked and needs recorded and identified		

Revised Mar 17/ review due Mar 18 BH