

New patients to Dyneley House

WELCOME

Dear Sir or Madam,

Thank you for requesting to register at Dyneley House Surgery. As part of the registration process we would like you to attend for a new patient consultation.

APPOINTMENTS

- Please sign and complete Registration Form.**
- Please complete ALL questions on the attached questionnaire.**
- Proof of Identity – Passport, Identity card, Driving licence and utility bill if available.**
- If from overseas – Passport or id card for photocopying**
- If on repeat medication – previous GP order slip**
- Please be advised you may bring an interpreter if required.**

We will then make you an appointment with a Primary Health Care Assistant. This is a most efficient and informative way to get to know the practice and allow us to provide the best health care for you

ABOUT THE CONSULTATION

The practice feels this is a very important start to your health care. At this consultation we will discuss relevant information about your health, record your blood pressure, weight and height, and test a urine sample. This is useful information for the doctor if problems arise at a later date. Those with existing health problems will have the opportunity to further discuss their health requirements with additional clinical personnel.

Please bring a sample of urine to the appointment (a 'mid-stream' specimen).

Help us to help you make the most of your health

Yours sincerely

The Doctors of Dyneley House Surgery

Proof if ID seen
By:

Today's Date:

Please complete this confidential questionnaire.

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Proof in identity and Address is required please bring a utility bill, bank statement, passport
If you are newly arrived in this country please bring your passport to confirm your date of birth
and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

Full Name:					Previous GP Name and Address					
Mr / Mrs / Miss / Ms / Other.....										
Address and Postcode:										
Previous Address and Postcode:										
Telephone number:										
Work number:					Email address:					
Mobile number:					NHS number (if known):					
<p style="text-align: center;">OPT OUT <input type="checkbox"/></p> <p>(If you give us your mobile it will be assumed you are giving permission for text messaging, please let us know if you wish to opt out) We may contact you regarding appointments/test results/annual recalls via SMS?</p>					Town and Country of Birth:					
Date of Birth:					Occupation:					
Previous / Mother's surname if different:					Next of Kin:					
Marital Status:		Gender:	Male:	Female:	Other – please specify	Relationship to you:				
Residents of your home: name, their relationship to you – please include all children:					Address and contact number:					
Resident 1			Resident 2			Is this patient registered at Dyneley?				
Resident 3			Resident 4			Resident 5				
						Resident 6				

If returning from Armed Forces:		Your Service or Personnel Number			Your Enlistment Date	
Your height:	Feet / inches	cm	Your weight:	Stones / lbs.	kg	
What is your Religion? Do you have and specific Religious or Cultural needs:						
Your Ethnic Origin: (select one)		White (UK)	White (Irish)	White (Other)		
Caribbean		African	Asian	Other Mixed Background		
Indian / Brit Indian		Pakistani / Brit Pakistani	Bangladeshi / Brit Bangladeshi	Other Asian Background		
Other Black Background		Chinese	Other	Ethnic Category not stated		
Your main or 1 st language Spoken / Understood: (select one)		English	Hindi	Gujurati	Urdu	Bengali /Sytheti
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)	
Smoking						
Are you currently a smoker?		Yes	No	Have you ever been a smoker?		No
If so, how many cigarettes / cigars / tobacco do you smoke in a week?				If you are a smoker and want to stop, please ask for information about local smoking cessation services.		
FAST Alcohol Consumption Screening test						
		0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily
How often do you have 8 (men) or 6 (women) or more drinks on one occasion?						
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before						
How often in the last year have you failed to do what was expected of you because of drinking						
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down						
Scoring: A total of 3+ indicates hazardous or harmful drinking						
Exercise						
How often do you exercise?		No. times per week	Type(s) of exercise:			

Your Medical Background:			
Past/Present medical conditions and the dates these occurred?			
Have you had any surgery? Please give details and dates?			
Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)			
Are you able to administer your own medicines?	<table border="1"> <tr> <td>Yes</td> <td>No – please detail specific issues (e.g. swallowing, opening containers)</td> </tr> </table>	Yes	No – please detail specific issues (e.g. swallowing, opening containers)
Yes	No – please detail specific issues (e.g. swallowing, opening containers)		

FAMILY HISTORY Are there any Serious diseases that affect your Parents, Brothers or Sisters (tick all that apply and who)	Diabetes	Heart Attack	Heart attack under age of 60	Asthma	COPD
	Cancer (What type)		High Blood Pressure	Stroke	
	Thyroid Disorder		Any other important Family Illness?		

What immunisations have you had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		

Specific Needs:	
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:	
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight)	
Any adaptations suggestions that could help with this impairment? (i.e Larger font in letters or hearing loop)	
Are you an 'Assistance Dog' User?	
Please state any physical disabilities you have and any requirements you need to access the Practice premises:	
Please state any Mental Health issues you have:	
Do you require the help of a Translator / Interpreter?	
Please state any allergies and sensitivities you have:	

Please state any phobias you have:				
If you are a Carer, please state the name / address / phone number of the person you care for:		<u>Person Cared For Contact Details:</u>		
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.		<u>Carer Contact Details:</u>		
		Please pass my details to the Carer's service Please refer me to Adult Care Services for a carer's need assessment		
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?		Yes	<i>If "Yes", can you please bring a written copy of it to your New Patient Consultation</i>	
		No		
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)? MUST TAKE A COPY OF THE POWER OF ATTORNEY		Yes	If "Yes", please state their name / address / phone number:	
		No		
Women only:				
When was your last smear done?	Date	Was this at your GP's Surgery?	Yes	NO
What was the result of the smear?				
Date of last mammogram (if applicable):	Date	Method of contraception (if used):		
AN INITIAL APPOINTMENT MUST BE MADE WITH A GP IF YOU ARE WANTING TO GET CONTRACEPTION FROM THE PRACTICE				
Would you like to sign up for the practice newsletter: Would you like to be involved in any Health Education Activities? See our newsletter or ask at reception.			Yes	No
Patient Participation Group				
The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.				
If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be given to you at your initial consultation.				
Yes				
Patient Online – ITS's YOUR CHOICE				
If you wish to book an appointment with a GP, request repeat prescriptions and look at your medical record online.				
An information pack with more detail has been included and you must complete the form enclosed				
Would you like Patient online record access?	Yes		No	

SystemOne – One Patient One Record

SystemOne is a unique system that allows sharing of full electronic records across different healthcare services. There are two options:

1. Sharing OUT – this controls whether your information entered at this service can be shared with other NHS services (i.e. made sharable)
2. Sharing IN – this controls whether information that has been made shareable at other NHS care services can be viewed by this care or not (i.e. shared in)

An information pack with more detail has been included

Are you happy to share your records?

Yes

No

Summary Care Records.

The NHS are changing the way your health information is stored and managed.
The NHS Summary Care record is an electronic record of important information about your health.
It will be available to health care staff providing your NHS Care.

An information pack is provided.

Are you happy to have a Summary Care Record?

Yes

No

Patient Signature

Signature on behalf of patient

Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).

The Consultation will also establish relevant past medical and family history, including:

- ***Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health***
- ***Social factors - employment, housing, family circumstances***
- ***Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.***

Please ensure ALL sections are complete

Thank you for completing this form

For more information about the services we offer, please refer to your new patient pack or see our website: www.dyneleyhousesurgery.co.uk

Patient Online: registration form Access to GP online service

Name			
Date of birth			
Address			
Postcode			
Email address		Usual GP	
Telephone number		Mobile number	

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record - Medication and Allergies	<input type="checkbox"/>
4. Accessing my medical record – Test results and immunisations	<input type="checkbox"/>
5. Accessing my medical record – Problems, Consultations	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please 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 it not about me, or is inaccurate I will log out immediately and contact the practice immediately via 'Secure Messaging' within my Patient Access (if available) account or I will contact the practice by telephone after 2pm	<input type="checkbox"/>
6. If I have access to my childs record I understand that this will be switched off on the childs 12 th birthday	<input type="checkbox"/>

Signature		Date	
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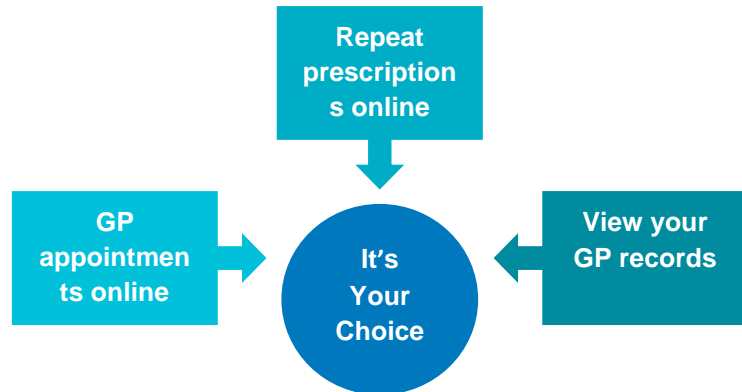
For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Name of verifier	Date
	Vouching with information in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			

Patient Online: Records 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. In general 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.

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.

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.

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.

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.

DON'T FORGET YOUR PHOTO IDENTIFICATION