

## Cam and Uley Family Practice New Patient Medical Questionnaire

Welcome to Cam and Uley Family Practice. To help us know something about you before your medical records arrive, it would be very helpful if you could answer the following questions.

### Personal Details

Surname		First Names	
Address			Postcode
Telephone numbers	Home	Work	Mobile
Email address			
Do you wish to receive appointment reminders via your mobile?		YES/NO	
Marital Status		Previous Name (If applicable)	
Occupation			

**Patients can automatically be registered for online services to enable appointment booking and ordering of prescriptions. Please tick the box to confirm that you wish to register for online services:**   
**A password will be sent by text or email once registration is complete.**  
**Please choose ONE option  Text or  Email to receive these details.**

Your telephone numbers and email address are only used to contact you with appointment reminders, if the GP or receptionist need to contact you regarding results for example or advise of a specific clinic that may be available to you.

We publish a quarterly Newsletter that contains essential information about the Practice to deliver a professional and efficient service to our patients throughout the year ie: Opening Times, Flu Clinics, Prescribing. Please tick the box to confirm that you wish to receive the newsletter via Email:

### Next of kin

Name	Relationship
Address	
Telephone Number	

## Ethnic Origin

The following questions follow the recommendations of the Commission for Racial Equality and comply with the Race Relations Act. This is not compulsory, but may help with your healthcare provision as some health problems are more common in specific communities.

### Please tick as appropriate

<input type="checkbox"/> White of White British	<input type="checkbox"/> Mixed	<input type="checkbox"/> Black or Black British
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> Prefer not to say		

### Main Language Spoken

<input type="checkbox"/> English	<input type="checkbox"/> Other (please specify)
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## Your Health

Your height:

Your Weight:

Have you ever suffered from any of the following conditions? (Please tick as appropriate)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Blackouts/Faint
<input type="checkbox"/> Thyroid problems	<input type="checkbox"/> Stroke	<input type="checkbox"/> Nervous/Mental Breakdown	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Blindness/Glaucoma	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Angina
<input type="checkbox"/> High Blood pressure			

Has a member of your immediate family (father, mother, brothers or sisters) had or suffered from any of the above, or an inherited disease?  Yes  No  
If "Yes", Please state relationship and condition.

Are you currently taking any tablets, medicines or injection?  Yes  No  
If "Yes", Please give details below.

Prescriptions are sent electronically to Pharmacies. Please nominate ONE pharmacy from the list below to collect your medication from?

YLBP (Boots) Cam	<input type="checkbox"/>	Boots Dursley	<input type="checkbox"/>
Coop Dursley	<input type="checkbox"/>	Lloyds Pharmacy Dursley	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

Do you have any allergies?  Yes  No

## For Females Only:-

When was your last smear?	Have you had a breast screening x-ray?
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## Lifestyle

Please tick the appropriate answer

### Smoking

- I have never smoked
- I used to smoke ..... cigarettes/cigars .....oz. of pipe tobacco per day but gave up in .....
- I currently smoke ..... cigarettes/cigars ..... oz. of pipe tobacco per day

If you currently smoke and are interested in giving up please contact the practice to make an appointment

### Diet

My diet is varied and balanced  Yes  No

I am on a special diet for medical reasons. Reason .....

I am on a slimming diet  I am a Vegetarian / Vegan

Do you add salt to your food during cooking or on the table?  Yes  No

### Exercise

Is your Work physically strenuous?  Yes  No

Do you take regular recreational exercise?  Yes  No

(Exercise = if it makes your heart race).

How Often? .....

## Drinking

For the following questions please circle the answer which best applies. 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits				
1. Men: How often do you have EIGHT or more drinks on one occasion? Women: How often you have SIX or more drinks on one occasion?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
2. How often during the last year have you been unable to remember what happened the night before because you have been drinking?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
3. How often during the last year have you failed to do what was normally expected of you because of drinking?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. In the last year has a relative, friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?				
No	Yes, on one occasion		Yes, on more than one occasion	

## Carers

Do you care for anyone else? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
If "Yes" ask the receptionist about a Carer's Identification Form
Do you, as a carer, need/have anyone who looks after you or your daily needs? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
The term carer would not normally apply if the person if: <ul style="list-style-type: none"> <li>• a paid carer</li> <li>• a volunteer from a voluntary agency</li> <li>• anyone providing paid personal assistance</li> </ul>

# Cam and Uley Family Practice

## New Patient Medical Questionnaire

### **New patients: Sharing your health care records and information**

Your patient record will be held securely and confidentially on our electronic system. Your medical record contains notes taken during every consultation you have had with a doctor or nurse at your practice or community service. Your record is also likely to include copies of any letters you have written and notes relating to any phone calls made with the service that you have been in contact with and will also contain copies of letters from other hospitals and departments, including mental health assessments if you have ever had one.

If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them. This information can now be shared electronically (with your permission) via:-

- **SCR - NHS SUMMARY CARE RECORD (used nationally across England)**  
Access to SCR information means that care in other settings is safer, reducing the risk of prescribing errors. At a minimum, the SCR holds important information about: current medication  
allergies and details of any previous bad reactions to medicines  
the name, address, date of birth and NHS number of the patient

The patient can also choose to include [additional information in the SCR](#), such as details of long-term conditions, significant medical history, or specific communications needs.

- **GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information - JUYI) (Used locally across Glos).**

JUYI is the secure online system for sharing information in Gloucestershire, giving local health and social care professionals directly involved in your care instant access to your health and social care records.

Sharing your electronic records with the people who look after you gives them the most up-to-date information about you and makes your care safer and more efficient and cost effective.

- **ENHANCED DATA SHARING MODEL in SystemOne (EDSM) (Used nationally across all healthcare providers using SystemOne).**

What is SystemOne? SystemOne is a computer system that GPs and other people looking after patients can use to record medical information and other relevant information discussed at your time of contact.

The combination of giving consent to both “Share Out” and “Share In” is a bit like having a door with a bolt on both sides- you need to have the door unlocked on both the inside and out in order to be able to open it. So for example: Imagine a patient receives care from 3 different services; a GP, a district nurse and a smoking clinic. They want the GP and the nurse to share information with each other and know their progress at the smoking clinic. But they DON'T want the smoking clinic to see any of their other medical information. In this example the patient would have consented to Share Out at all 3 services, but only providing consent for Sharing In at the GP and the District Nursing services and not the smoking clinic.

Your information will be used only by authorised healthcare professionals directly involved in your care. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether to share information, or not, because of their duty of care.

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Please select **ONE** option in **ALL** the tables below and complete patient details. Failure to complete this section will result in a record of “refusal” to share being recorded.

1. Your Choice for SCR	Please tick <u>One</u> Box only
I would like my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added**	
I do not want my information shared through the Summary Care Record	
2. Your Choice for Gloucestershire shared health and social care information (JUYI)	Please tick <u>One</u> Box only
I would like my information shared through the Gloucestershire shared health and social care information project	
I do not want my information shared through the Gloucestershire shared health and social care information project	

3. Enhanced Data Sharing Model (SystemOne) Sharing Out	Please tick <u>One</u> Box only
I would like my information <u>shared out</u> to SystemOne healthcare providers	
I do not want my information <u>shared out</u> to SystemOne healthcare providers.	

3. Enhanced Data Sharing Model (SystemOne) Sharing In	Please tick <u>One</u> Box only
I want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	
I do not want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	

<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>	
Full name:	
Relationship: (if not patient)	
Signature:	
Date:	

***Differences between the Gloucestershire Shared Record and the Summary Care Records***

	<b>Gloucestershire shared health and social care information (JUWI)</b>	<b>Summary Care Record</b>
<b>Shared</b>	<ul style="list-style-type: none"> <li>• Across Gloucestershire</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with NHS clinicians employed by Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust (Community hospitals and community-based services, such as district nursing), Together NHS Foundation Trust (mental health services), South Western Ambulance Service NHS Foundation Trust.</li> <li>• With Gloucestershire County Council social care.</li> </ul>	<ul style="list-style-type: none"> <li>• Across England</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England</li> </ul>
<b>Information source</b>	<ul style="list-style-type: none"> <li>• GP record</li> <li>• Other medical records held by different NHS organisations in Gloucestershire</li> <li>• Gloucestershire County Council social care</li> </ul>	<ul style="list-style-type: none"> <li>• GP record</li> </ul>
<b>Content</b>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> <li>• Your medical history and diagnoses</li> <li>• Test results and X-ray reports</li> <li>• Your vaccination history</li> <li>• General health readings such as</li> </ul>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> </ul> <p><b>**SCR with Additional information can be added (upon request to your GP practice) includes:</b></p> <ul style="list-style-type: none"> <li>- Significant problems (past and present)</li> <li>- Significant procedures (past and present)</li> </ul>

	<p>blood pressure</p> <ul style="list-style-type: none"><li>• Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls</li><li>• Care / management plans</li><li>• Correspondence such as referral letters and discharge summaries.</li></ul>	<ul style="list-style-type: none"><li>- Anticipatory care information</li><li>- End of life care information – as per EOLC dataset ISB 1580</li><li>- Immunisations</li></ul>
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# Cam and Uley Family Practice

## New Patient Fair Processing Notice

Why we collect information. What details we collect. How we keep your details confidential & safe. How we use your information.

### **Why we collect information about you**

Health care professionals who provide you with care are required by law to maintain records about your health and any treatment or care you have received within any NHS organisation. These records help to provide you with the best possible healthcare.

We collect and hold data for the sole purpose of providing healthcare services to our patients. In carrying out this role we may collect information about you which helps us respond to your queries or secure specialist services.

We keep your information in written form and/or in digital form. The records will include basic details about you, such as your name and address. They may also contain more sensitive information about your health and information such as outcomes of needs assessments.

### **Details we collect about you**

The health care professionals who provide you with care maintain records about your health and any treatment or care you have received. These records help to provide you with the best possible healthcare.

Records which Cam and Uley Family Practice hold about you may include:

- Details about you, such as your address and next of kin
- Any contact the surgery has had with you, such as appointments, clinic visits, emergency appointments, etc.
- Notes and reports about your health
- Details about your treatment and care
- Results of investigations, such as laboratory tests, x-rays, etc.
- Relevant information from other health professionals, relatives or those who care for you.

### **How we keep your information confidential and safe**

Everyone working for the NHS is subject to the Common Law Duty of Confidence. Information provided in confidence will only be used for the purposes advised with consent given by the patient, unless there are other circumstances covered by the law. The NHS Digital [Code of Practice on Confidential Information](#) applies to all our staff and they are required to protect your information, inform you of how your information will be used and allow you to decide if and how your information can be shared. All our staff are expected to make sure information is kept confidential and receive annual training on how to do this.

NHS health records may be electronic, on paper or a mixture of both. We use a combination of working practices and technology to ensure that your information is kept confidential and secure. Your records are backed up securely in line with NHS standard procedures. We ensure that the information we hold is kept in secure locations, is protected by appropriate security and access is restricted to authorised personnel.

We also make sure external data processors that support us are legally and contractually bound to operate and prove security arrangements are in place where data that could or does identify a person are processed.

We are committed to protecting your privacy and will only use information collected lawfully in accordance with:

- Data Protection Act 1998
- Human Rights Act
- Common Law Duty of Confidentiality
- NHS Codes of Confidentiality and Information Security
- Health and Social Care Act 2015

We maintain our duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to any third party without your permission unless there are exceptional circumstances (i.e. life or death situations), or where the law requires information to be passed on.

### **How we use your information**

Under the powers of the Health and Social Care Act 2015, NHS Digital can request personal confidential data from GP Practices without seeking patient consent. Improvements in information technology are also making it possible for us to share data with other healthcare providers with the objective of providing you with better care.

You may choose to withdraw your consent to personal data being used in this way. When we are about to participate in a new data-sharing project we will make patients aware by displaying prominent notices in the Practice and on our website at least four weeks before the scheme is due to start. Instructions will be provided to explain what you have to do to 'opt-out' of each new scheme.

You can object to your personal information being shared with other health care providers but if this limits the treatment that you can receive then the doctor will explain this to you at the time.

To ensure you receive the best possible care, your records are used to facilitate the care you receive. Information held about you may be used to help protect the health of the public and to help us manage the NHS.

For a full copy of our Fair Processing Notice, please see our website or ask at reception.

Please sign and date to confirm you have read and understood the details above:

Signature:

Date: