

# 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			

**All patients will automatically be registered for online services to enable appointment booking and ordering of prescriptions online. A password will be sent by text when this is completed.**

### 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		

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Main Language Spoken

English

Other (please specify)

### Your Health

Your height:

Your Weight:

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

Asthma       Diabetes       Epilepsy       Blackouts/Faint

Thyroid problems       Stroke       Nervous/Mental Breakdown

Cancer     Blindness/Glaucoma     Heart Attack       Angina

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.

Which local chemist would you like to collect your medication from?

YLBP (Boots) Cam       Boots Dursley

Coop Dursley       Lloyds Pharmacy Dursley

Other (please specify)

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? .....

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### 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

<p>Do you care for anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" ask the receptionist about a Carer's Identification Form</p> <p>Do you, as a carer, need/have anyone who looks after you or your daily needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The term carer would not normally apply if the person if:</p> <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>
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### **New patients: Sharing your health care records and information**

Your patient record will be held securely and confidentially on our electronic system.

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:-

- 1. SCR - NHS SUMMARY CARE RECORD (used nationally across England)**
- 2. GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information - JUYI) Used locally across Gloucestershire.**
- 3. ENHANCED DATA SHARING MODEL in SystemOne (EDSM) (Used nationally across all healthcare providers using SystemOne.**

In all cases, the 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.

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care.data project and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

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.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please ask a member of the GP practice staff for details of where to find more information about each of the sharing methods.

Are you happy for us to share this electronic information with clinicians in other NHS organisations (and Gloucestershire County Council social care in the case of JUYI) who are involved in your care? If you would rather we didn't we will put an entry on your record which will prevent your information from being shared.

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), 2gether 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> </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</li> </ul>

	<ul style="list-style-type: none"> <li>• Your vaccination history</li> <li>• General health readings such as blood pressure</li> <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>	<p>present)</p> <ul style="list-style-type: none"> <li>- Significant procedures (past and present)</li> <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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