

Nurse Appointment		Reason:
GP Appointment		
No Appointment		
Alcohol score greater than 5 (highlight)		
LETTER SENT IF REQUESTED		

Px over 75 Advised of their GP <input type="checkbox"/>	Date on Screen
Pt entitled to NHS Health Check	Do you require ? Y / N

Dr please complete and return to reception – (tick box required)

WELCOME TO WINCHCOMBE MEDICAL CENTRE

We would be grateful if you could complete this form as fully as possible. The information you give us will help the medical team better understand your health needs.

All information given is strictly confidential.

A booklet about the Medical Centre can be found in the New Patient Pack. Please take time to read it. If you have any further queries the Reception Team will be pleased to help. You can also find details on our website; www.winchcombemedical.nhs.uk

In the questionnaire you will find a detailed section on alcohol consumption (Section 6). These are figures we are required to collect by The Department of Health. Please complete as accurately as possible.

Name	
Preferred calling name	
Address (If out of our area please also complete the form on the back page of this questionnaire)	
Post Code	
Telephone Number	<i>Preferred contact no?</i> <input type="checkbox"/>
Mobile Number	<i>Preferred contact no?</i> <input type="checkbox"/>
Email Address	
Date of Birth	AGE <input type="text"/>
Do you have a door key code?	<i>If yes please provide details</i>

Name of next of Kin	
Relationship of next of Kin	
Next of Kin Contact Number	
Do you have a living will? (advance directive)	<i>If yes please provide details</i>
Do you have a Power of attorney?	<i>If yes please provide details</i>

CONSENT TO RELEASE INFORMATION TO A THIRD PARTY

(i.e. partner, relative or friend)

We understand that a third party (i.e. partner, relative or friend) sometimes contacts the surgery on your behalf to collect your test result or make enquiries such as appointment times, attendance at surgery and clinical matters.

To enable us to release this information to them we need this form completed and signed below

Consent to release info to	
Relationship and Contact number	
Signed	

Marital Status	
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Ethnic Group	
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First Language	
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Occupation	<i>(if retired please also state occupation before retiring)</i>
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Height (if known)	
Weight (if known)	

Smoking Status	<i>Please tick</i>
Smoker	
Non smoker	
Occasional smoker	
Ex smoker	

Date stopped smoking	
How many per day?	
Age started smoking	
Would you like help to give up smoking?	

How often do you have a drink containing alcohol?

		Tick box
Never (N/A)	0 points	<input type="checkbox"/>
Monthly or less	1 point	<input type="checkbox"/>
2-4 times per month	2 points	<input type="checkbox"/>
2-3 times per week	3 points	<input type="checkbox"/>
4+ times per week	4 points	<input type="checkbox"/>

How many units of alcohol do you drink on a typical day when you are drinking?

		Tick box
1-2 units	0 points	<input type="checkbox"/>
3-4 units	1 point	<input type="checkbox"/>
5-6 units	2 points	<input type="checkbox"/>
7-9 units	3 points	<input type="checkbox"/>
10+ units	4 points	<input type="checkbox"/>

How often have you had 6 or more units (FEMALE) or 8 more units (MALE), on a single occasion in the last year?

		Tick box
Never	0 points	<input type="checkbox"/>
Less than monthly	1 point	<input type="checkbox"/>
Monthly	2 points	<input type="checkbox"/>
Weekly	3 points	<input type="checkbox"/>
Daily or almost daily	4 points	<input type="checkbox"/>

Total Score

Would you consider your diet to be;

	Tick box
Good	<input type="checkbox"/>
Average	<input type="checkbox"/>
Poor	<input type="checkbox"/>

Do you do any regular exercise?	
Exercise details	
How many times per week?	

WOMEN ONLY	
Date of last smear	
Where taken	
Current contraception used	
Hysterectomy if yes when	
Number of pregnancies	
Number of children under 16	

All patients.. please give details of any operations you have had:

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Please give details of any serious illness you have had:

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Please give details of any current medical problems :

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Do you take any current medication? Please tell us what medication and the dosage. Alternatively attach your Repeat Prescription form.

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Do you have any allergies / adverse reactions to any medication? Please tell us what

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Are you a carer for a friend or relative? Please give their name, contact number and relationship to you, reception can provide a carers form.

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Are you being cared for by a friend or relative? Please give their name, contact number and relationship to you

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Family History

Did **any male relative** have a Heart Attack (Cardio) before the age of **55**?

Yes

No

Who?

Did **any female relative** have a Heart Attack (Cardio) before the age of **65**?

Yes

No

Who?

Have any of your close relatives had the following illnesses? Please tell us who.	
Diabetes	
Asthma	
Glaucoma	
Osteoporosis	
Bowel Cancer	
Prostate Cancer	
Breast Cancer	

Do you have any special requirements which we should be aware of? E.g. vision / hearing / mobility / family history / learning disability or do you require an interpreter?

If you feel there is anything not covered by this form or you wish to add further information please add below

Do you currently hold a Firearms Licence ?	YES / NO
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Dr R Tribley
Dr C Inman
Dr E Mitchell
Dr T Jackson
Dr G Charlwood
Dr M Kilshaw

Tel. 01242 602307
Fax 01242 603689

www.winchcombemedical.nhs.uk

Winchcombe Medical Centre

Out of Area Patient Registrations

On the 1st January 2015 NHS regulations around how practices can manage requests to register patients who live outside their usual geographical boundaries changed. Winchcombe Medical Centre will consider requests to provide routine care for patients who work within our area but live elsewhere. These requests will be screened by a GP prior to registration alongside the new patient questionnaire. Issues such as your general state of health and the likelihood that you will suffer acute illnesses will be considered before a decision is made.

The decision of the registering GP can take several weeks and once made will be final. If your out of area registration is accepted you will be notified by our reception team. Once registered if you become unwell at your permanent address outside of our area we will not provide urgent medical services or home visits to you. These services will be allocated via NHS 111 who you will need to phone. Please bear this in mind when you apply to register with us as it may provide some disruption to your care.

Please use the box below to explain to the registering GP your reasons for requesting that you become one of our permanent patients if you live outside of our practice area.

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 SystmOne (EDSM) (Used nationally across all healthcare providers using SystmOne.**

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.

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 (JUJI)	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.	

Differences between the Gloucestershire Shared Record and the Summary Care Records		
	Gloucestershire shared health and social care information (JUYI)	Summary Care Record
Shared	<ul style="list-style-type: none"> • Across Gloucestershire • Across health care settings, including urgent care, community care and outpatient departments • 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. • With Gloucestershire County Council social care. 	<ul style="list-style-type: none"> • Across England • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> • GP record • Other medical records held by different NHS organisations in Gloucestershire • Gloucestershire County Council social care 	<ul style="list-style-type: none"> • GP record
Content	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines • Your medical history and diagnoses • Test results and X-ray reports • Your vaccination history 	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines <p>**<u>SCR with Additional information can be added (upon request to your GP practice) includes:</u></p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and

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