

Patient questionnaire

**Please fill in as much as you can on this questionnaire to assist your
Doctor/practice nurse on your visit to the surgery.
Please bring a specimen of urine with you.
If you have any queries, contact the surgery for advice.**

your appointment is at..... on.....

IDENTIFICATION - SEEN		INT.	
NOT SEEN		INT.	

NAME	D.O.B
ADDRESS	SEX MALE/FEMALE *
	MARITAL STATUS MARRIED/SINGLE/ WIDOWED/DIVORCED/ SEPARATED/CIVILPARTNERED.*
POST CODE	OCCUPATION
TELEPHONE NO:	<i>*Delete as appropriate</i>

PERSONAL MEDICAL HISTORY

Dates & Details

Illnesses	
E.g. High blood pressure, Diabetes, heart attack, Stroke.	
Operations	
Accidents	
Any disabilities	
Allergies	
Are you taking any medicines or tablets? (please List)	

	Date
Last tetanus	
Last Polio	
Other Immunisations	

FEMALES ONLY

DATE

Rubella injection	
Last smear test	
Mammogram (breast x-ray)	
How many children ages	
Any miscarriages or still Births (please give details)	
Method of contraception	

Are your parents still alive and in good health ?
 Are your brothers/sisters all alive and in good health ?

yes No

Have any of your family/close relatives had any of the following:
 If yes, please give brief details.

	Yes	No	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
Fits	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Any Other	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH

Smoking

Do you smoke ? **Yes**
 Never
 Given Up

Pipe/cigar/cigarettes.....
How many per day.....
when.....

If Yes, have you considered giving up ?.....

Alcohol

Do you drink alcohol ? **Yes**
 No

How much do you drink per week ?
.....Pints.....Glasses wine/sherry
....."Shorts" (gin, vodka,etc.)

Physical Activity

Do you Exercise ? **Yes**
 No

How many times a week?.....
What types of activity?.....
How long for?.....

Diet

How many times a week do you eat fried foods?

Mostly every day.
3-5 times a week.
Once or twice a week.
Less than once a week.

How many pieces of fresh fruit and/or tinned fruit do you usually eat in a day?.....
How many helpings of vegetables (including potatoes and salad) do you usually eat in a day?.....
How many helpings of starchy food (for example pasta, rice, breakfast cereal, bread) do you usually eat in a day ?
.....

Circumstances

Do you feel that the following affect your health? (if yes, please give brief details)

	Yes	No	
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Family Circumstances	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any worries about your health?.....

Do you care for an elderly
And/disabled person?

.....

.....

Are you ?

Male

Female

Age: Group	Under 16		17—24	
	25—34		35—44	
	45—54		55—64	
	65—74		75—84	
	Over 84			

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you most closely identify with?

White British		Irish			
Mixed					
White & Black Caribbean		White & Black African		White & Asian	
Asian or Asian British					
Indian		Pakistani		Bangladeshi	
Black or Black British					
Caribbean		African			
Chinese or other Ethnic Group					
Chinese		Any Other			

How would you describe how often you come to the surgery?

Frequently	
Occasionally	
Very Rarely	

Thank you. Please note that no medical information or question will be responded to.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

Patient Participation Group at Welbeck Road Health Centre

Our patient participation group is a group of patients, carers and practice staff who come together every three months to improve services and the experience of our patients within this practice.

Every one of our patients is welcome. The date of the next meeting is publicised in our waiting room and on our practice website www.welbeckroadsurgery.co.uk

We are trying to involve as many patients with as many views as possible within the group but we understand that a lot of people do not have the time to attend an evening meeting. As such, we wondered if you would be interested in providing feedback on our services via an email questionnaire. This would not happen often and your contact details would never be passed on for any other purposes.

If you would be willing to provide feedback on our services in the future please provide your preferred contact details here.

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

Name:..... Address:.....

.....

..... Postcode:.....

Telephone Number..... Mobile Telephone Number:.....

Email address:

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

**DRS. SPENCER, NISSENBAUM,
COOK, FERMER, BENTLEY,
HICKMAN & ALLA**

Dr. M R Spencer, Dr. S H Nissenbaum
Dr. J P Cook, Dr. F E Fermer, Dr. R Bentley,
Dr. R J Hickman & Dr. P Alla

Main Surgery

Welbeck Road Health Centre
1B Welbeck Road
Bolsover
S44 6DF
TEL: 01246 823223 (emergencies)
01246 823742/825487 (appointments, etc.)
FAX: 01246 240781

Branch Surgery

The Green
Glapwell
S44 5LW

TEL: 01623 812188
FAX: 01623 810372

Dear Sir/Madam

SMS text messaging service

We now offer a new text messaging service to all our patients.

Opting in to this service will allow you to receive:

Appointment reminders- for pre-booked appointments

Review reminders - if you have a long-term condition such as Diabetes, Asthma, Heart problems, high blood pressure etc we will invite you to attend the surgery for a review.

If you would like to opt into this service please complete the consent form and return it to the practice with your correct mobile phone number.

IT IS IMPORTANT TO KEEP YOUR CONTACT DETAILS UP TO DATE, please inform the surgery should any of your details change.

Mobile Telephone Number Consent Form for Receiving SMS Text Messages

Name	
Date of Birth	
Mobile Telephone Number	
<u>I Do/Do Not</u> consent to Dr Spencer & Partners storing and using my mobile telephone number for communication via Text Messaging for:- <ul style="list-style-type: none">• Appointment reminders- for pre-booked appointments• Review reminders - if you have a long-term condition such as Diabetes, Asthma, Heart problems, high blood pressure, Seasonal Clinics etc we will invite you to attend the surgery for a review. *	
Signature	
Date	

*Delete as appropriate – Return to Claire Crossley

New patient letter

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you 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 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** – enclosed is an opt out form. **Please complete the form and hand it to a member of the GP practice staff.**

If you need more time to make your choice you should let your GP Practice know.

For more information talk to our Patient Advice and Liaison Service (PALS) (**08000 323235**), GP practice staff, **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode..... Phone No..... Date of birth

NHS Number (if known)..... Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient..... Date

What does it mean if I **DO NOT** have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:
• phone the Summary Care Record Information Line on 0300 123 3020;
• contact your local Patient Advice Liaison Service (PALS); or
• contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes/no

Date.....

Proof of Identity

When you have completed your documents to register with this practice (either temporarily or permanently) , you will be asked – in line with the NHS Counter Fraud Service requirements - to prove your identity.

Preferably at least one document will be a **photo id**, and one will show your **address**.

A combination of the following can be accepted as identification:

- birth certificate
- marriage certificate
- medical card
- driving licence
- passport
- local authority rent card
- paid utility bills
- bank/building society cards/statements
- National Insurance number card
- payslip
- letter from Benefits Agency/benefit book/signing on card
- papers from the home office

P45.

The following documents are easily obtained and **cannot** be accepted as proof of identity if presented in isolation:

- library card
 - video rental card
 - health club card
- private rent book.

Anyone suspected of trying to obtain a false registration will be reported to the Local Counter Fraud Specialist (LCFS).