



HART MEDICAL PRACTICE

NEW PATIENT HEALTH CHECK QUESTIONNAIRE

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	We will automatically register you for our text message service. Please advise reception if you do not require this.

Communication Difficulties:

Do you consider yourself to have a communication difficulty Yes No

Hearing

Eyesight

Literacy

Speech impediment

Language barrier Do you need an Interpreter Yes No

If so, how could we help improve your situation?

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On-line Services:

Do you wish to have access to either/all of the following on-line services:

• Booking appointments Yes No

• Requesting Repeat Prescriptions Yes No

• Accessing your Medical Record Yes No

If so ask a member of staff for the On-line Application Form and Patient Information Leaflet

Vaccinations:

Are you up to date with vaccinations: Yes No

Children under 5 please provide immunisation status found in their Red book:

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Please indicate any other relevant information to your health or wellbeing that you feel may be relevant prior to your medical records arriving into the Practice:

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Dear Applicant

Please note that Hart Medical Practice does NOT prescribe any of the following medications:

- Tranquilisers; Diazepam Temazepam Lorazepam
- Sleeping tablets; Zopiclone Zimovane Nitrazepam
- Methadone Programme (even if prescribed elsewhere)

We also do NOT routinely prescribe the following medications. Should you currently be on ANY of these medications you may be asked to commence a reduction programme on joining the surgery following a review appointment with one of the GP's:

- Dihydrocodeine
- Codeine
- Pregabalin
- Gabapentin
- Oramorph
- Tramadol
- Oxycodone
- MST

OR ANY OF THE BRAND NAMES ASSOCIATED WITH THESE MEDICATIONS

THE ABOVE LISTS ARE NOT EXCLUSIVE AND THERE MAY BE OTHER MEDICATIONS THAT THE GP MAY ALSO WISH TO REVIEW

This is to confirm that you understand upon joining the surgery that you may be commenced on a reduction programme should you be taking any of the above medications.

Patient Name: Patient Signature:

DOB: Date:

Summary Care Record

We automatically create and share your summary care record as part of the new patient registration process.

Your Summary Care Record (SCR) is a brief summary of your GP medical records. It contains basic information including your allergies, medications and any reactions you've had to medication in the past and is used by other health and care staff, giving you better care if you need health care whilst away from your usual surgery, i.e. in an emergency, when you're on holiday, when your normal practice is closed, when you visit the pharmacy or when attending out-patient clinics.

This information (SCR) could make a difference, and speed up, how a doctor decides to care for you, for example which medicines they choose to prescribe for you.

You can request we include additional information on your SCR, including:

- Your treatment preferences
- Health problems such as dementia, diabetes etc.
- Details about your carer
- Communication needs, for example if you need an interpreter or if you suffer from hearing difficulties

Who can see it?

Only healthcare staff involved in your care can see your Summary Care Record.

Do I have to have one?

No, it is not compulsory, but the sharing of SCRs improves care. If you choose to opt out of the scheme, then you will need to complete the Opt Out SCR Form included within this pack and give to one of our reception staff. For further information visit the NHS Care records website.

Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only

or

Express consent for medication, allergies, adverse reactions and additional information

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out)

Name of Patient:

Address:

Postcode: Date of Birth:

NHS Number (if known): Contact Number:

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one: Parent Legal Guardian Lasting power of attorney
for health and welfare

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.