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.

Health Record:

Please provide us with any illness, accidents or operations you may have had and where possible please give details:

……

……

……

……

Are you under the care of any Consultant, please provide details of Consultant and the nature of the complaint:

……

……

……

Please list current prescribed repeat medications, including dosages and quantity.

……..…

……..…

……..

PLEASE BE AWARE THAT THERE ARE CERTAIN MEDICATIONS THAT OUR PRACTICE DOES NOT PRESCRIBE

Allergies: - Do you suffer from any allergies Yes ☐ No ☐

Drug allergy: ……..

Non drug allergy: ……..

Family History:

Do you have any significant Family history (Diabetes/heart problems etc):

Yes ☐ Please give details:…….. No ☐

Communication Difficulties:

Do you consider yourself to have a communication difficulty Yes ☐ No ☐

Hearing ☐

Eyesight ☐

Literacy ☐

Speechimpediment ☐

Language barrier ☐ Do you need an Interpreter Yes ☐ No ☐

If so, how could we help improve your situation?

……

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:

……

……

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:

……

……

……

Carer:

Do you consider yourself to be a Carer: Yes ☐ No ☐

Other:

Have you ever served in the British armed forces? Yes ☐ No ☐

Date from …….. to ……..

Ethnicity and Language

White British ☐
White Irish ☐
White-Any other Ethnic Group* ☐

Black/White Caribbean mixed ☐
Black/White African mixed ☐
Asian/White mixed ☐
Any other mixed Ethnic Group* ☐

Indian ☐
Pakistani ☐
Bangladeshi ☐
Asian-Any other mixed Ethnic Group* ☐
Chinese ☐

Black Caribbean ☐
Black African ☐
Black-Any other Ethnic Group* ☐

Any other Ethnic Group* ☐

If you do not want your ethnicity recorded, tick here ☐

What is your first language? _____

*If you wish to supply additional details, enter here _____

Please click on the link below and also complete the attached form

NEW PATIENT Online application.docx

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.