



MENDIP VALE

www.mendipvale.nhs.uk

NEW PATIENT QUESTIONNAIRE

Welcome to Mendip Vale Medical Group. Please complete this questionnaire as fully as possible. The information will help the clinician to make an initial assessment of your health which will support your future treatment. All the information you provide in this questionnaire is strictly confidential and will become part of your medical record. Please take time to read the Privacy Notice on page 7, which explains your data protection rights and how we use your information.

PLEASE PROVIDE YOUR NHS NUMBER

(available on repeat medication slips, the NHS App, or from your previous GP Practice)

Please provide proof of identity and proof of address.

Proof of identity to include photographic ID - Passport/ Driving Licence (practice use only enter Passport/ Driving Licence number)	
Proof of address to include Utility Bill/ Legal Document (practice use only enter details of proof of address)	

Title	Mr	Mrs	Miss	Ms	Surname	First Names				
Date of Birth					Gender	Male		Female	Prefer not to say	
Address:						Postcode:				
						E-mail:				
Tel No: Home:						Work:			Mobile:	
Next of Kin's Name:						Next of Kin's date of birth:			Relationship:	
Next of Kin's Address:						Next of Kin's Phone No:				

Can we contact you by e-mail (including monthly practice updates)?	Yes	No
We offer an SMS Text Appointment Reminder Services for some types of appointments. Can	Yes	No

we contact you by text to receive messages on your mobile phone?		
--	--	--

What is your ethnic group?

Note : this is not necessarily the same as your nationality

Choose one section A to E and tick the appropriate box to indicate your ethnic group:

A White	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or other ethnic Group
<input type="checkbox"/> British	<input type="checkbox"/> White + Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White+ Black Caribbean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Any Other (write in)
<input type="checkbox"/> Any Other (write in)	<input type="checkbox"/> White + Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other black (write in)
.....	<input type="checkbox"/> Any other mixed (write in)	<input type="checkbox"/> Any other Asian (write in)	
		

All patients are provided with a Named GP at the point of registration. You may, however, see any GP at any of the sites across the Medical Group.

Your named GP is Dr _____

[Patient Coordinator, please always register a family with the same named GP]

Drugs and Medicines:

Are you currently on any medication?	Yes	No
--------------------------------------	-----	----

IF SO PLEASE BRING IN YOUR REPEAT PRESCRIPTION SLIP OR A BOX OF YOUR MEDICATION WITH THE LABEL ON

If you require repeat medication, an appointment with a GP may be required before a prescription can be issued. Please enquire with a member of the team to book a review.

Appointment made	Yes	No
------------------	-----	----

Drug Allergies

Do you have any known drug allergies/sensitivities?	Yes	No
If YES, please give details below:		

For Practice use : Patient Coordinator to send Task to Medical Records team so they can code as relevant.

Lifestyle

(NB if completing form for a child, some sections below will not be applicable)

Height	Weight	Blood Pressure Reading /

There are scales and height measuring devices in patient accessible areas at each surgery. Some surgeries have self-monitor blood pressure monitors.

Smoking

Do you currently smoke?

Yes	How much do you smoke per day?	Cigarettes /Cigars/Tobacco/e-cigarettes
No (Given up)	How much did you previously smoke?	Cigarettes/ Cigars/Tobacco/e-cigarettes
No (Never Smoked)		

Alcohol

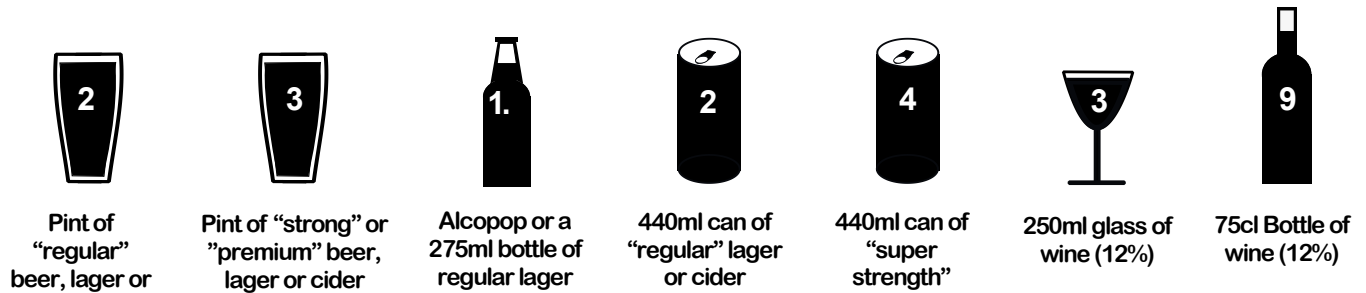
How many units of alcohol do you drink each week?		Spirits	Wine	Beer

This is one unit of alcohol...

If you drink alcohol, please complete separate Audit C Form below



...and each of these is more than one unit



AUDIT-C Alcohol Questionnaire

Part A

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

Part A Total	
---------------------	--

Part B

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

Part B Total	
Part A + Part B	

TOTAL Score equals AUDIT C Score (A) +Score of remaining questions (B).

Family Medical History:

Do any members of your immediate family (Father, Mother, Brother, Sister) suffer from any of the following illnesses and at what age were they diagnosed?

Diagnosis	Family Member	Approximate age when diagnosed	Any other information
Heart Attack			
Angina			
Stroke			
High Blood Pressure			
Diabetes			
Psychiatric Problems			
Cancer What type (if known)			

Carers

Do you look after the daily needs of someone else as their carer? Yes / No

Do you have someone who looks after you or your daily needs as your carer? Yes / No

If the answer to either of the above questions is 'yes' and you would like us to record their details, and the nature of their relationship to you, please complete the section below.

I am a Carer and I care for / I am cared for by (*please delete as appropriate*)

Name: _____ Telephone No: _____

Address: _____

Nature of relationship: _____

If you have a carer, are they a patient at Mendip Vale Medical Group? Yes / No

Prescription destination

Would you like Electronic Prescribing (EPS) set up with your chosen pharmacy so that your prescription goes directly to the pharmacy? We encourage patients to sign up for EPS as it's a more efficient means of managing repeat medication requests rather than relying on paper	Yes	No
If 'Yes', which Pharmacy would you like to collect your prescription from?		
Have you had EPS set up when registered with a previous GP Surgery?	Yes	No
If you have answered 'no' to the above, which surgery would you like to collect your prescription from?:		

Please be aware that any medication requests can take up to 5 working days to process.

ONLINE ACCESS TO YOUR MEDICAL RECORD

Once your registration at the Practice has been approved, we can set you up for online access to your medical record. You can then order repeat medication, book appointments and see medical details (eg test results, immunisation history). You can access your medical record online via the **NHS App** or alternatively by registering with a platform provide such as **Patient Access**.

The NHS App is free to download from the [App Store](#) and Google play. To set yourself up on the NHS App you need to set up an **NHS Login** which lets you access a variety of digital health and care websites and apps with just one email address and password. You need an email address and a UK mobile phone number and you will need to provide **photo ID** evidence of your identity. For more information and instructions on setting up the NHS App go to www.nhs.uk/nhsapp.

If you are unable to set up an NHS Log in to use the NHS App we can provide you with your **online registration details** so that you can register with **Patient Access** or equivalent. You can use these 3 registration details to provide who you are instead of using photo ID. These registration details are :

- Linkage key (could be called Passphrase)
- ODS code (could be called Organisation Code or Practice ID)
- Account ID

Please indicate your requirements below :

Please give me online access to my medical record	Yes	No
I intend to use the NHS App to access my medical record online and will set myself up with an NHS Log in to do this using photo ID.	Yes	No
Please email me my Registration details so I can set up with Patient Access or equivalent	Yes	No

Please note: the online booking system and SMS text services are only available to patients aged sixteen and over.

Data Sharing Preferences

Privacy Notice For full details on our privacy notice, please visit our website and select “Your Medical Record” from the “Services” menu or see the patient leaflet.

For more information on data sharing please refer to the patient leaflet.

NHS Research

Information that does **not** identify you personally (**pseudonymised**) may be used for NHS research and planning, unless you choose to opt-out. This information is a critical tool in the research, prevention and treatment of a vast range of conditions.

Definition:

Pseudonymised – Data where any identifying characteristics are replaced with a pseudonym, or, in other words, a value which does not allow the person to be directly identified. E.g. “Mr. John Doe” would be replaced with a randomly generated name like “8fb93cc2”.

Do you consent to non-identifiable data about you to be used for NHS research and planning purposes?

Yes No

For Practice use: Patient Coordinator to code “Declined Consent for researcher to access clinical record”.

NHS Summary Care Record

Mendip Vale Medical Group will never pass on **identifiable** details, without your express permission, to anyone other than medical professionals involved directly in your care e.g. a hospital doctor, midwife, or district nurse.

It is normal practice for a Summary Care Record (SCR) to be uploaded to a central storage system. The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in your direct

care. This would enable healthcare staff to treat you in an emergency, or when your GP practice is closed. Healthcare staff would seek your consent to view data wherever possible.

This information could make a difference to how a doctor decides to care for you, for example which medicines they choose to prescribe for you.

For more information on the Summary Care Record, please see the two information sheets in the patient leaflet, titled “NHS Summary Care Record with additional information” and “Adding important information to your NHS Summary Care Record”. If these are missing, a member of the team will be glad to provide you with a copy.

Do you consent for your record to be uploaded to the Summary Care Record?

Yes No

See below for how have additional important information added to your NHS Care Record.

NHS Summary Care Record with additional information

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can choose to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

What to do next

If you would like this information adding to your SCR (or the SCR of someone you are a carer for), then please complete this form, for return to one of our sites.

Name of Patient:

Date of Birth: **Patient’s Postcode:**

Surgery Name: **Surgery Location (Town):**

NHS Number (if known):

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:

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

If you require any more information, please visit www.hscic.gov.uk/scr/patient phone HSCIC on **0300 303 5678** or speak to your GP Practice

For Practice use : Patient Coordinator to use the Sharing Consent button in EMIS, select Summary Care Record and choose the relevant box to tick from the drop-down menu.

Please complete the Consent to Medical Records Disclosure below if you would like to nominate someone to speak on your behalf and/or get details from your medical records. If you would like them to also have **online access** to your records please ask at reception for **proxy access** for online records.

Patient Name: _____ DOB: ___ / ___ / ___

Address: _____ Post Code: _____

I _____ hereby give my consent for my medical records to be discussed with the individual outlined below.

Name	DoB	Address	Phone Number
	/ /		

Access is to be restricted to the following record areas:

- Test Results
- Prescription Collection
- Medication Information

If you would like the nominated individual to have access to more information in your full detailed medical record, please put this request in writing to the Practice via letter, email, or via the website using eConsult.

Relationship

The individual named above holds the following relationship with the patient:

Next of Kin

Emergency Contact

Signature of Patient: _____ Date: ____/____/____

For Practice Use Only:

Patient Coordinator Check List		
	1.To be ticked checked by Patient Coordinator taking in the forms at the desk	2.To be completed by Patient Coordinator processing forms
GMS 1 – check all sections – ensure form is signed		
Photo ID provided/checked		
Proof of address		
Questionnaire checks		
Personal information		
Online facilities		
Named GP – do not allocate trainee GPs. Codes 67DJ and 9NN60		
Family Medical History		
Ethnic group		
Drugs and medicines		
Drug allergies : if any noted, has Task been sent to Medical Records team so they can code?		
Lifestyle :		

Audit – C Alcohol Questionnaire		
Carers		
Prescription destination		
Check no EPS pharmacy that is Out of Area		
Data Sharing Preferences : if “No” to research, has code “Declined consent for research to access clinical record” been added?		
NHS Summary Care Record with additional information Has appropriate option in Sharing Consent/Summary Care record been selected?		

Patient Coordinators who completed checks:

1.Name..... Sign Date.....

2.Name..... Sign Date.....