

NEW PATIENT HEALTH QUESTIONNAIRE

Full Name Date of Birth ___/___/___

Address

Email Address (Mandatory)

Tel No Mobile No

Next of Kin – Name..... Relationship.....

Contact Details Tel No.....Mobile No.....

Carers – Are you a Carer? Do you provide help and support to a Relative, Friend or Neighbour who cannot manage without this help due to their age, disability or health needs? Yes [] No []

Are you someone who is cared for Yes [] No [] Carer Name.....

Contact Details Tel No..... Mobile No.....

Do you have learning disabilities Yes [] No []

Family History, Please tick and indicate family connection			
Condition	Yes	No	Family Member (Mother, Father, Sister, Brother, Aunt, Uncle or Grandparent)
Diabetes Mellitus			
Hypertension			
Ischaemic Heart Disease			
Glaucoma			
CVA/Stroke			
Cancer			
Asthma			
Heart Attack/MI			
Epilepsy			

Weight Kg..... Height Cm.....

Do you smoke? Please select from the list below		
	Yes	No
Never smoked tobacco		
Ex-smoker		
Current Smoker		
Light cigarette smoker (1-9 a day)		
Moderate cigarette smoker (10-19 a day)		
Heavy cigarette smoker (20-39 a day)		
Electronic cigarette user		
Ex user of electronic cigarette		

Do you have any allergies Yes [] No [] If yes please detail below

Women Only

Are you taking the contraceptive pill Yes [] No []

Date of your last Smear

Have you had a Hysterectomy Yes [] No [] If yes when.....

Are you taking HRT (Hormone Replacement Therapy) Yes [] No []

Medication – Are you on regular prescription medication? If yes, please attach the right side of your prescription to your registration forms when you return them.

We now use the electronic prescribing system; please ensure you nominate a local pharmacy of your choice to receive your prescription electronically once issued

Your nominated pharmacy is:



Are you involved with other agencies, i.e. Drug misuse, Social Services Yes/No, Please detail below
.....

Additional Information for our patients

We're improving how we communicate with patients. Please tell us if you need information in a different format or need communication support.

Assistance during appointments

In order for us to provide you with any assistance you may require during consultations, please let us know if you would benefit from any of the following:

First language NOT English – require a translator

Hearing Impairment – require a sign language translator

Disability – require a carer

Text messaging service – We offer an appointment reminder/text messaging service. Please tick Yes if you would like this or tick No if you wish to opt out. Yes No

Voicemail service – Should you be unavailable to take our call, would you like us to leave a brief voicemail, so you are aware we have been trying to contact you?

Example Hello, this is a message for *****, this is your GP surgery with a non urgent message, please can you return our call when you receive this, Thank you

Please tick **Yes** if you would like this or tick **No** if you wish to opt out. Yes No

If **Yes**, please list the preferred contact telephone number you would like the voicemail leaving on

*Please note that it will be noted on your medical records, and should your preferences or contact number change, please update the surgery immediately.

Identification Documents

We would be grateful if you could please provide two forms of identification when registering. This will enable us to complete the registration process quickly and ensure that any previous medical records are received with the minimum delay.

One must contain proof of address and the second to contain Photo ID, the document for proof of your address must be dated within the last 3 months.

Tell us why you have chosen Teldoc?

I have moved to the area I have moved from a local practice

STAFF USE ONLY

Acceptable documentation (Staff to tick which document seen)

- NHS Medical card
- Marriage Certificate
- Birth Certificate
- Driving Licence (Valid)
- Passport (Valid)
- Recent utility bill
- Council Rent Book
- Recent bank statement
- Recent rental agreement
- Have you checked if they have completed the armed forces field?

Reception Staff

Please check and tick before accepting the patient forms, have you...

- Checked all details on form are filled in and correct including an email address for Patient Access, DOB, Previous GP, Alcohol screen (optional) and Armed Forces (optional)
- Checked two forms of ID and initialled as staff member accepting ID

- [] Patient informed of named GP - GP IS
- [] Nominated pharmacy selected
- [] Preferred TELDOC Site (Closest Site to patient address)

Once the registration has been processed and completed, Please confirm you have...

- [] Coded named GP and preferred Site
- [] Set up patient registration for Patient Access and Printed out PIN document (Coding ID seen)
- [] Printed the Patient Access covering letter from EMIS
- [] Attached Patient Access PIN document with covering letter and put for posting via Royal mail.

Initials of member of staff completing registration form.....

The CDM team will then scan documents on to patients record and code new patient registration t



Medical Records Consent Form

Please complete this form if you would like a relative or someone close to you to have access to your medical records

Patient's Full Name	
Patient's Telephone Number	
Patient's Address	
I give consent to	
Name	
Relationship to Patient	
Telephone Number	
Address	
Permanent access <input type="checkbox"/>	Temporary access <input type="checkbox"/> Valid Until:

To discuss the following

- Book, Cancel and Rearrange appointments
- Discuss investigations and Results
- Discuss Referrals and Documentation received from other agencies
- Consent to full Medical Records

	<input type="checkbox"/>	Act on my behalf
Patient's Signature		



Patient Access is a great online service which allows you to book appointments, order repeat prescriptions and view your medical records. This service is open 24 hours a day, 7 days a week, 365 days a year and can be accessed from your mobile phone, Table or home PC.

Teldoc are dedicated to making services more widely available and patient access helps us to achieve this. You will automatically be set up with Patient access online appointment booking and repeat prescription ordering as part of our registration process. Your Patient access log in details will be sent to you via Royal Mail within 3-5 working days of your registration being completed. You must have one unique email address per Patient access account for the service to work.

Please note – Under 16s will only be set up at the request of their Parent/Guardian or Carer.

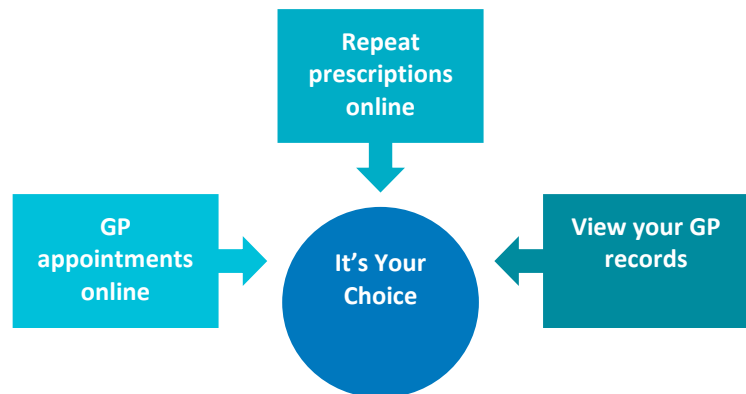
Patient information leaflet ‘It’s your choice’

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It’s your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

doesn't use them responsibly.

If you would like more information, please visit our website <https://www.teldoc.org/how-to-register-for-patient-access> or speak to one of our Reception staff, who will be happy to help you.



PATIENT ETHNIC ORIGIN QUESTIONNAIRE

Choose ONE section from A to E, and then tick ONE box to indicate your background.

A White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background please write in below

B Mixed

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background please write below

C Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background please write below

D Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other black background please write below

E Chinese or other ethnic group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other please write below
<input type="checkbox"/>	MAIN LANGUAGE SPOKEN

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ALCOHOL QUESTIONNAIRE

This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a WHO collaborative study.
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UNITS	 2	 1.5	 2	 1	 9
	<small>Pint of Regular Beer/Lager/Cider</small>	<small>Alcopop or Can of Lager</small>	<small>Glass of Wine (175ml)</small>	<small>Single Measure of Spirits</small>	<small>Bottle of Wine</small>

ALCOHOL USERS DISORDERS IDENTIFICATION TEST (AUDIT)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who 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 a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that 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 and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.
You are free to change your decision at any time by informing your GP practice.

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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:

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:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6

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