

Apex Medical Practice

HEALTH QUESTIONNAIRE (7 years & older)

Please complete ALL of this questionnaire, and hand it to the receptionist along with the registration form. Proof of identification is required. For UK & EU nationals, a valid in date UK or European Passport or Birth Certificate. For non UK or European Nationals, we will require a valid visa and passport.

All details provided are confidential. Please advise reception if you would like a new patient health check.

Title: Surname: Forename:
(DETAILS AS STATED ON YOUR BIRTH CERTIFICATE/PASSPORT)

Date of Birth: / / Weight: Height:.....

Address

Postcode.....

Ethnic Origin First language

Telephone Nos: Home: Mobile No:

Do you agree to us texting you to remind you of any appointments? Yes/No

Do you wish to have access to on-line appointment booking? Yes/No

If yes, please confirm your email address:.....

If you would like us to electronically send your repeat prescriptions direct to a chemist of your choice, please advise the name of the chemist.....

Occupation

Name & Address of Previous Doctor.....

Have you been registered at Apex Surgery before? Yes/No

Your usual GP at Apex will be (to be completed by surgery staff).....

Are you happy to have a Summary Care Record (SCR)? Yes/No

Are you happy for your Care Data to be sent to HSCIC? Yes/No

NB: The record will be generated immediately you are registered. Information is attached to this form, but please advise reception if you require clarification.

Do you live with anyone registered at this surgery?

Name..... Doctor.....

Do you have any of the following conditions:-

High Blood Pressure	
Heart Disease	
Asthma / COPD	
Kidney Disease	
Cancer	

Thyroid Problems	
Diabetes	
Stroke	
Epilepsy	
Depression	

CURRENT TREATMENT/ MEDICATION

Please list any ongoing treatment and /or medication you are taking. Please attach a copy of your repeat request form:

.....
.....
.....

DO YOU HAVE ANY ALLERGIES? IF YES, PLEASE SPECIFY BELOW:

DRUGS **OTHER**

Does any member of your family (i.e Father, Mother, Sister or Brother) have any of the following conditions:

High Blood Pressure	
Heart Disease	
Asthma /Chronic Bronchitis	

Diabetes	
Stroke	
Cancer	

SMOKING HABITS

- Never smoked tobacco
- Stopped Smoking? Since When?years
- Current Smoker Cigarettes: Number per day
- Cigars/Pipe: Number/ Ounces per day.....

If you smoke, we strongly recommend that you stop. We offer a Stop Smoking Service at the surgery. If you would like to book an appointment, please advise reception.

ALCOHOL CONSUMPTION

Do you drink beer / spirits / wine / other?
(1 unit = half a pint of beer or 1 small glass of wine or 1 pub measure of spirits)

How many units of alcohol do you drink in an average week?
(Safe drinking levels are considered to be 14 units per week for women and 21 units for men)

EXERCISE

What form of exercise do you take? – e.g: Walking, Swimming, Keep Fit etc and for how many hours per week?
.....

DIET

Do you follow any specific Diet YES / NO
If YES please specify

.....

CARER

Do you provide Care for someone?

YES / NO

If YES please specify

.....

Does someone provide CARE for you?

YES / NO

If YES please specify

.....

ONLY COMPLETE IF YOU ARE 16 OR OVER

FAST QUESTIONNAIRE

Name: _____

DOB: _____

1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
MEN: How often do you have EIGHT or more drinks on one occasion?					
WOMEN: How often do you have SIX or more drinks on one occasion?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 4		

Total for Each Column:

Total: _____

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.....

NHSNumber.....

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

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.

Your emergency care summary

Actioned by practice: yes/no Date

FOR NHS USE ONLY

CONFIDENTIAL

Ref: 4705

Apex Medical Practice

Care.Data/ HSCIC Opt-Out Form

If you wish to opt out of either transmission of your medical data to the Health and Social Care Information Centre (HSCIC) OR, alternatively, onward transmission from the HSCIC to other organisations please select one of the options below:

1) I do **NOT** wish any personal confidential data to be transmitted from Apex Medical to The Health and Social Care Information Centre¹

2) I am happy for personal confidential data to be transmitted from Apex Medical to The Health and Social Care Information Centre (HSCIC) so that it can be linked and used for commissioning or research in a pseudonymised form **BUT** I do **NOT** wish my personal confidential data to be transmitted onwards from the HSCIC to other organisations.

IF WE DO NOT HEAR FROM YOU WE WILL ASSUME YOU WISH YOUR DATA TO BE SENT TO THE HSCIC

A. Please complete in BLOCK CAPITALS

Title.....Surname / Family name.....
Forename(s).....
Address.....
.....
Postcode Date of birth.....

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

¹Patients have the right to object to any extraction of PCD from the GP practice unless there is (a) a statutory duty to share information, (b) a court order or (c) an overriding public interest in disclosure. The Secretary of State for Health, however, has given a commitment that, for extractions of PCD from GP records that are to be sent to the HSCIC, patient objections will be respected

Staff use only

1) 9Nu0 Dissent from secondary use of GP patient identifiable data

2) 9Nu4 Dissent from disclosure of personal confidential data by Health and Social Care Information Centre

Staff note: Pt advised of named GP:

Your named GPs:

Date:

Vision code: #9NN60 IF Under 75

Vision code: #9NN60 & #67DJ if over 75

IMPORTANT CHANGE TO HOW WE HANDLE YOUR PERSONAL DATA

Are you aware that your personal medical information that you share with your GP or other healthcare professional is about to be extracted and stored on a computer outside of the control of this practice where the practice will have no say on who has access to that information?

Purpose of this leaflet:

There are changes occurring in how we protect the confidential and personal information that we record in your medical records. The changes make it a legal obligation for us to share your information (see below). The proposed benefits of sharing identifiable data are to help to plan and monitor effective patient services, especially where patients receive care from several different organisations. We feel it is vital that you as our patient are made aware of these changes. This leaflet has been produced to help you understand what currently happens to information you share with your health professional and how that information may be used outside of your direct care.

The majority of patients come to their GP Practice when they have something wrong with them. Problems discussed are usually of a personal nature and patients expect that the information they are sharing will remain confidential. This confidentiality is central to the trust between healthcare professionals and you as our patient. Without doctor-patient confidentiality, you may be reluctant to disclose information of a personal nature that we may need to help provide you with the best possible healthcare.

What we record at Our Practice

Healthcare professionals in our practice record information about the care we provide.

The type of information that is recorded includes the following;

- Demographics, e.g. address, telephone number, e-mail, date of birth, gender, etc.
- What you tell us when you see us in consultations e.g. about your physical and psychological health and social circumstances
- Diagnoses, investigations, treatments, referrals, family background
- Social information e.g. housing status, alcohol, smoking data
- Third party sources e.g. hospital letters, A&E attendances, relatives, carers, insurance companies, solicitors.

v7 29 August 2013

What we already share about you:

We share different types of information about our patients. These include:

- Personal information about you and your illness, when needed for your direct care, e.g. referral to hospital consultants, district nurses, health visitors, midwives, counsellors, the summary care record
- Patient identifiable information to public health, in order to arrange programs for childhood immunisations, communicable diseases, cervical smears and retinal screening
- With explicit consent, personal information to other organisations outside the NHS, e.g. insurance companies, benefits agencies.
- Limited information about you, if relevant, to protect you and others, e.g. to social services child protection investigations
- under certain acts of parliament to protect you and others e.g. court order
- Summary information which is anonymised (can not identify you) e.g. quality and outcome frameworks (QoF), medical research and clinical audit.

It is also important to understand that currently a limited amount of patient information or data is used mostly at local level to help design health services or undertake clinical audit. Some information is used at a national level. Information from lots of individual patients allows the NHS to build a picture of what is happening to the nation's health. The majority of this information is anonymised before it leaves the health care professional, in other words no one can identify who the information relates to.

How we protect your personal information:

Currently, your GP is responsible for protecting your information and to do this they comply with the Data Protection Act 1998 (DPA). As part of the DPA, all healthcare

professionals have an obligation to only share information on a need to know basis. For further information on the DPA please follow this link; (<http://www.legislation.gov.uk/ukpga/1998/29/contents>).

The physical storage of information is on secure servers which are protected by firewalls. Access to the information is by strong authenticated password. The number of people who have access to your information is limited to members of the practice team and in a few instances some pre agreed data is shared with other health care professional e.g. District Nurses but on a need to know basis.

v7 29 August 2013

So what is changing?

Under the Health and Social Care Act 2012 the Health & Social Care Information Centre (HSCIC) on behalf of NHS England (the body responsible for commissioning health services across England) will be able to extract personal and identifiable information about all patients in England. The programme, called care. data, is administered by the HSCIC using software and services provided by a private sector company. Once your identifiable information has been taken from different health organisations (GP practices, hospitals, mental health trusts) it will then be linked together to produce a complete record about you. This information will be stored on national secure servers and will be managed by HSCIC. Although access to information will be strictly controlled, the HSCIC is planning to share this information with other organisations both NHS and private. The HSCIC will decide what information they will share and who they then share this information with. Your GP will not be able to object to this information being released to HSCIC and will no longer be able to protect your information under the OPA as stated above. Effectively, where the HSCIC is concerned the health and social care act over rules the OPA with regard to disclosure of personal information.

What you need to do:

- If you are happy for NHS England to direct the HSCIC to extract, store and manage/use your personal information then you need do **nothing** as the information will be automatically taken from your GP's computer systems.
- If you don't wish your information to be extracted then you **MUST** inform your GP practice who will then block the uploading of your identifiable and personal information to the HSCIC.
- If you are happy for your information to be extracted and used by the HSCIC for anonymised reports but NOT shared by the HSCIC with other agencies or companies in identifiable format, you can ask your GP practice to add a code to your record which will alert the HSCIC not to use your information in this way.
- It should be emphasised that your access to health care and the care that you receive will not be affected by either decision.

Further information:

If you have any questions or concerns regarding what you read in this leaflet, please contact reception at the surgery.

v7 29 August 2013

APEX Medical Practice

1st Floor, Gun Lane Medical Centre, Gun Lane, Strood, Kent, ME2 4UW

Doctors:

Dr KW Jayasinghe MBBS MRCP DGM DFFP DRCOG
Dr RE Okafor MBBS MRCP DFFP DRCOG
Dr AK Afelumo MBChB MRCP

Practice Manager

Hayley Mills

Phone Numbers:

Appointments: 01634 720722

Enquiries: 01634 720220

Fax: 01634 729680

ZERO TOLERANCE

This practice operates a **Zero Tolerance** approach towards violence and abuse of staff and property.

The following are examples of behaviour which are not acceptable:

- Violence towards staff, patients or visitors
- Threats of threatening behaviour
- Excessive noise, eg loud or intrusive conversation or shouting
- Racist or sexist behaviour or language
- Malicious allegations relating to members of staff, patients or visitors
- Abusing alcohol or drugs on the premises
- Drug dealing
- Wilful damage to surgery property
- Theft

By registering at this practice, you agree to behave appropriately and understand that by performing any of the above you will be removed from the practice list and details of the incident will be passed onto the Kent Primary Care Agency.

I agree to comply with the expected behaviour of the practice and understand that failing to do so will result in my removal from the practice list, and I would have to apply to register at a new practice.

Signed:

Print Name:

Date of Birth:

Date: