### BALSALL COMMON & MERIDEN GROUP PRACTICE Confidential New Patient Questionnaire (16+)

| Title  | Surnan            | Surname/Family name |  | Given Name                            |              | Middle Names                                 |  |  |
|--|-------------------|---------------------|--|---------------------------------------|--------------|--|--|--|
| Marital status   | Previous Surnames |                     | names                                    | Name known as                         |              | Date of Birth                                |  |  |
| House Name or Stree  |                   | et                  | rt /                                     |                                       | Area         |  |  |  |
| Postcode   |                   |                     | Home Telephone No                        |                                       |              |  |  |  |
| Work Telephone   | No                |                     | Mobile                                   |                                       | Email:       |  |  |  |
| Occupation   |                   |                     |  |                                       |              |  |  |  |
| Next of Kin  |                   | T                   |  | · · · · · · · · · · · · · · · · · · · |              |  |  |  |
| Full Name  |                   |                     |  |                                       |              |  |  |  |
| Relationship   |                   |                     |  |                                       |              |  |  |  |
| Address House Name and Number Street Town Post Code  |                   |                     |  |                                       |              |  |  |  |
| Contact Telephor<br>Number   | ne                |                     |  |                                       |              |  |  |  |
|  |                   |                     | ging for Practice a<br>reminders (eg Flu | - 120 C                               | minders, P   | ractice news or advice                       |  |  |
| I DO/DO NOT w  | ish to be         | cont                | acted via text me                        | ssage (Please d                       | lelete as ap | propriate)                                   |  |  |
| Signed   |                   |                     |  | Date                                  |              |  |  |  |
| The second secon | change            | s to yo             | our mobile numb                          |                                       |              | to contact the Practice<br>of receiving text |  |  |

|   |                         |            |               | • | •  | •  | nelp & support to a<br>eir help. This could be |  |  |
|---|-------------------------|------------|---------------|---|--|--|--|--|--|
| 1 (2)                                   |                         |            |               | 0.5 Y                                   |  |  | We would be grateful if                        |  |  |
| 4                                       |                         |            |               |   |  |  | Carer) or your Carer the                       |  |  |
| correct help & s                        |                         |            | 00 2010 11 10 | choure n                                |  | , ,  |  |  |  |
| Are you a Carer                         |                         |            | If yes,       | If yes, for whom?                       |  |  |  |  |  |
| Do you have a C                         | arer? Y                 | es/no      | Name          | Name of Carer                           |  |  |  |  |  |
| Address & Conta                         | act Deta                | ils fo     | r             |   | ATTENDED TO THE PARTY OF THE PA | and the opening of th |  |  |  |
| Carer                                   |                         |            |               |   |  |  |  |  |  |
|   |                         |            |               |   | ***************************************  |  |  |  |  |
| Signed / Agreed                         | by Pati                 | ent        |               |   |  |  |  |  |  |
| Allergies - We e                        | speciall                | y nee      | d to know c   | of any <i>dru</i>                       | g allergies a  | and the effect the   | y have on you, please                          |  |  |
| include non-dru                         | ug allerg               | gies if    | they have a   | significa                               | nt effect on   | your health.   |  |  |  |
|   |                         |            |               |   |  |  |  |  |  |
| *************************************** |                         |            |               |   |  | ***************************************  |  |  |  |
|   |                         |            |               |   |  |  |  |  |  |
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|   |                         |            |               |   |  |  |  |  |  |
| Your Height                             |                         |            |               |   | Your We  | <br>pight  |  |  |  |
| Tour Height                             | Your Height Your Weight |            |               |   |  |  |  |  |  |
|   |                         |            |               |   |  |  |  |  |  |
| Diet: Please indica                     | ate whic                | h opti     | on best descr | ibes your                               | usual diet   |  |  |  |  |
|   |                         |            |               |   |  |  |  |  |  |
| Poor                                    | Averag                  | ge         | Good          | Special [                               | Diet (Please   | give details)  | •  |  |  |
|   |                         |            |               |   |  |  |  |  |  |
| <u> </u>                                |                         |            |               |   |  |  |  |  |  |
| Exercise: Please                        | indicate                | e whic     | ch option be  | st describ                              | es your exe  | rcise regime   |  |  |  |
| Light                                   |                         | Mod        | erate         | Heavy                                   |  | Avoid it   | Own health prevents it                         |  |  |
|   |                         |            |               |   |  |  |  |  |  |
| Medication                              |                         |            |               |   |  |  |  |  |  |
|   |                         |            |               |   |  |  |  |  |  |
| Please note - If                        | you are                 | on re      | gular medic   | ation ple                               | ase make ar  | n appointment wi   | th a doctor before your                        |  |  |
| next prescriptio                        | n is due                | e, and     | bring with    | you your                                | current med  | dication repeat sli  | ps or boxes / bottles of                       |  |  |
| your medication                         | ns. If you              | u use      | an asthma i   | nhaler pl                               | ease make a  | an appointment w   | vith the asthma nurse.                         |  |  |

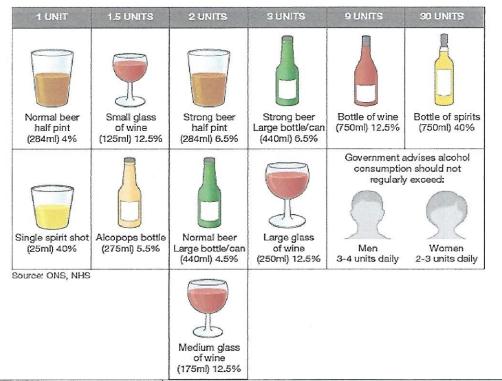
| Do you Smoke? | If 'Yes now many | Have you ever smoked? | When did you give |
|---------------|------------------|-----------------------|-------------------|
| Yes/No        |                  | Yes/No                | up?               |
| 1000          |                  |                       |                   |

At the Practice we have dedicated Nurses who are fully trained in smoking cessation that can help you. They can assess your readiness to stop, discuss treatment options (not only nicotine replacement products but modern drugs that can stop cravings) and give ongoing support.

I would like one of the Practice Nurses to contact me regarding helping me to stop smoking – YES/NO

I would like one of the Practice Nurses to contact me regarding Nicotine Replacement Therapy Treatment - YES/NO

### Units of Alcohol



| Alcohol Consumption:  | Please circl | e the appropria   | ate answer. |           |                       | Scores:<br>to be<br>completed<br>by the<br>surgery |
|---|--------------|-------------------|-------------|-----------|-----------------------|--|
| How often do you have a   | Never        | Monthly or        | 2-4 times   | 2-3 times | 4+ times              |  |
| drink that contains alcohol?  | ivevel       | less              | per month   | per week  | per week              |  |
| How many units of alcohol 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 units on one occasion?                        | Never        | Less than monthly | Monthly     | Weekly    | Daily or almost daily |  |
| Scoring (for practice use)  | 0            | 1                 | 2           | 3         | 4                     |  |

A total of 5+ indicates increasing or higher risk drinking
An overall total score of 5 or more is AUDIT C positive. **Read code 38d4** 

Total score:

| Alcohol Consumption  | Please circle the appropriate answer. |                      |                                     |        |                                 |  |
|--|---------------------------------------|----------------------|-------------------------------------|--------|---------------------------------|--|
| How often during the last year have you found that you were not able to stop drinking once you had started?                            | Never                                 | Less than<br>monthly | Monthly                             | Weekly | Daily or<br>almost<br>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<br>monthly | Monthly                             | Weekly | Daily or<br>almost<br>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<br>monthly | Monthly                             | Weekly | Daily or<br>almost<br>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<br>almost<br>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<br>almost<br>daily     |  |
| Have you or somebody else been injured as a result of your drinking?   | No                                    |                      | Yes, but<br>not in the<br>last year |        | Yes, during<br>the last<br>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<br>not in the<br>last year |        | Yes, during<br>the last<br>year |  |
| Scoring (for practice use)   | 0                                     | 1                    | 2                                   | 3      | 4                               |  |

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

Total score equals score above+ audit C Read code 38D3 Total score:

### PATIENT ETHNIC ORIGIN QUESTIONNAIRE

We have been asked by the NHS to collate ethnic origin details of new patients registering at the practice.

### Please tick ONE box which indicates your ethnic origin.

It is not compulsory to complete this form, although knowledge of your origins may help in early diagnosis of some conditions more common in specific communities.

For further information about the Practice, please see the Practice leaflet or visit our website

Balsall Common and Meriden Group Practice

www.balsallcommongrouppractice.co.uk

### Management of Patient Information- Notice For Patients Your Information, Your Rights

Our Management of Patient Information process explains why we collect information about you and how that information may be used to deliver your direct care and manage the local health and social care system.

The process reflects:

- What information we collect about you;
- How and why we use that information;
- How we retain your information and keep it secure;
- Who we share your information with and why we do this.

The process also explains your rights in relation to consent to use your information, the right to control who can see your data and how to seek advice and support if you feel that your information has not been used appropriately. A full copy of the Management of Patient Information process is available on our website or on application to the Practice Manager. In addition detailed below is the Practice "Subject Access Request Policy". This policy details the process for the management of requests for personal information (for living individuals) under the Data Protection Act (DPA, the General Data Protection Regulations (GDPR) and (for deceased individuals) the Access to health Records Act 1990.





YOUR CARE CONNECTED is a local Birmingham & Solihull service which will allow doctors, nurses and other registered healthcare professionals to view information from a patient's record, with the patient consent to provide better, safer care. More information about this service is included within this pack including an opt out form if required.

The SUMMARY CARE RECORD (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 the patient's direct care. More information about this service is included within this pack including an opt out form if required.

## Protecting Information

The importance of privacy

Only registered healthrare professionals can view your medical records and they will always ask permission before doing so. What's more, access is provided through a locked network ensuring your information is always secured to the highest possible standards.

The information you share will always be protected.

### What is not shared?

Your Care Connected does not share everything from your GP record.

This is because we follow national guidance on patient confidentiality and the sharing of sensitive information. As a result, Your Care Connected does not currently share information relating to:

HIV and AIDS IVF treatment

(4) Sexually transmitted infections % Gender reassignment

W Termination of pregnancy

Free text from GP record

Please note: this list may be subject to change to reflect changes to national guidance on the sharing of sensitive information. Please visit our website to find an up-to-date list of information that is not shared when the person treating you accesses your record using Your Care Connected,

## Your information, your choice

If you are happy to take part, you do not need to do anything You do engine in order to do anything if you are happy to have your information accessed using Your Care Connected. If you visit one of the organisations listed on the previous page, those treating you will ask for your permission to view your record. If you do not want your information shared

If you do not want your information strared using Your Care Connected, you will need to 'optout'. This will mean only your usual medical practice will be able to access your record electronically. To opt out, please complate the form below and send it back in the free-post envelope provided. You can also visit your GP and speak with them directly. Your GP record will then be marked to show that you do not want your information to be shared.

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I do not work my information to be shared via Your Care Connected I undiestinnal I test this my usern important information without be available to these treating me when making decisions about my treatinned in polevalually urgant and life-threatening altudiosa. I undestand that by politing and evit care Connected I will also extend out of any allored sharing infessives by debatic also undestand that it clange my mind can only opt back in by yaiking my 96 Practice. Please complete this form in BLOCK CAPITALS if you do not want your information to be shared using Your Care Connected for the purpose of improving your direct race when wising one of the participating NHS erganisations. If you wish to opt out on behalf of a child or vulnerable adult, you must visit their practice and speak with a GP, but they may decline your request if they believe it is not in the best interests of the child or vulnerable adult in question. Date of Birth: Downwyyy) Postcode: Name:

CFH Docmail Ltd Wells Road Radstock BA3 3UP

NHS No. Title:

Opt out request actioned by Practice on: FOR NHS USE ONLY Actioned by:

Signed:





W; MidlandsYourCareConnected.nhs.ult E: infoMidlandsYourCareConnected anhs,net Leave a voice message; 0333 150 3388

Your medical history could save your life in an emergency - please read this leaflet carefully

Your GP Practice has agreed to take part in Your Care Connected, a new NHS service being implemented across Birmingham, Sandwell and Solihuli which will allow the doctors, nurses and other registered healthcare professionals working in local hospitals to view information from your GP record, only with your permission, to provide you with better, safer care.

This leaflet will explain:

- What Your Care Connected is
- How it will improve the care you receive when you visit one of the participating NHS organisations
  - Who will be able to see your information and what they will be able to see
- What you need to do if you do not wish to take part

Please read it carefully and contact us using the details above if you have any further questions

Sharing information to improve the care YOU receive

organisations. If you (or your carer/guardlan where applicable) gives the person treating you permission to view your medical record, they will use that information to help provide you with the care and treatment you need - this is especially important Your Care Connected is a new NHS service to Improve the care you receive when you visit one of the participating NHS

In emergency situations.

Your Gare Connected will only be used to improve the care you receive when you visit one of the NHS organisations listed in this pack. Your Care Connected does NOT share your information with anyone other than the listed NHS organisations.

YOUR DATA WILL NOT BE; extracted, stored alsewhere, used for research or marketing or sold to any other organisations. If you opt-out of Your Care Connected, it will also automatically stop your record being shared for any other local data sharing projects (for example, GP gractice to practice sharing for extended opening hours and seven day access).

You do not need to do anything if you are happy to have your information shared with those caring for you. Thank you for taking the time to read this letter, Please read the rest of this leaflet carefully for more detailed information. If you have any further questions not answored in this pack, please contact us via email, leave a message on our free phone voicemail service or visit our websita.

Yours sincerely,



Sharing information to improve the care you receive



### Saving Lives

Sharing your medical regands could save your if

### DIC YOU KHOW.

Your GP medical record is the most complete record of your health and wellbeing.

those treating you cannot access your record? Your local NHS feets that those involved in your care should be able to see vital information about you to help improve the modical care that you receive, which is why Your Care Connected is But did you know that when you visit a hospital, access mental health or out of hours services, or need an ambulance. being implemented across Birmingham, Sandwell and Solihull,

Your Care Connected will allow doctors, nurses and other registered healthcare professionals caring for you to view information from your GP record, with your permission, to provide you with better, safer care.

### 

- Faster and easier access to your medical information, which could save your life
- Provides information such as any medication tests you've had or which member of the GP may have, the results of any recent medical you take and the dosage, any allergles you practice staff you saw last
- Improves the safety and quality of your care
- W Less time spent filling in forms
- record via fax or recorded delivery to the More secure than your GP sending your participating organisations (which is the 12
- Enables safer delivery of care in an 4.4

hospital visits; having one system tell my story, providing all the reliable and essential information about me will help to provide "Your Care Connected will take a lot of the stress away from

me with better care"

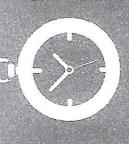
Adrian, Patient

## Would you like to know more?

Midlands Your Care Connected in his luk

Alemetvély, you can email the Team infoMidlandsYourCareConnected@nhs.net

Oriewy a messege on our free phone volcemal sewice 0333 150 3388



### Saving Time

Obidker access to your medical information could help reduce the tumber of froms you med to complete, reduce withing times and reduce uninecessary.

Share your medical records and save time.

# Who will be able to access your information?

When you visit one of the organisations below, the person treating you will ask for your permission to view information from your GP record using Your Care Connected. This will help to provide you with better, safer care:

- Birmingham Children's Hospital
- Birmingham Community Healthcare
- Birmingham and Solihull Mental Health
- 100
- Birmingham Women's Hospital
  - Birmingham City Hospital Good Hope Hospital
- Queen Elizabeth Hospital (a) Heartlands Hospital 203
- The Royal Orthopaedic Hospital Sandwell General Hospital 40 593
  - 5
    - Sollhull Hospital
- West Midlands Ambulance Service 167
  - W Local out-of-hours GP services

Your Care Connected can only be used to view your information with your pernission and for your direct care. Please note that clinicians may override your permission in the event of an ennergency, for example if you are unconscious or otherwise unable to communicate, or they feel it is essential to your health and wellbeing.

### What will they see?

Health professionals treating you will only view the parts of your medical record listed below and only with your permission; if you allow them to access your record, it will provide them with a host of important information, including:

- W Allergies
  - re Medication
- Hospital admissions and referrals
- Vaccinations and immunisations 100 454
- Test results 450 10A
- Concerns related to abuse of vulnerable

Demographic information (age, gender etc.)

End of life wishes

children or adults (if applicable)

Your information will not be used for any other purposes, such as for research, or given /sold to third parties. For any changes or an up-to-date list, please refer to our website www.midlandsyourcareconnected.nhs.ulk.





### Opt Out Form

Please complete this form in BLOCK CAPITALS if you do not want your information to be shared using Your Care Connected for the purpose of improving your direct care when visiting one of the participating NHS organisations. If you wish to opt out on behalf of a child or vulnerable actuit, you must visit their practice and speak with a GP, but they may decline your request if they believe it is not in the best interests of the child or vulnerable actuit in question.

Section A - ONLY COMPLETE IF YOU DO NOT WANT YOUR INFORMATION SHARED

Opt out request actioned by Practice on:

Actioned by: (YYYYY)

### **BALSALL COMMON AND MERIDEN GROUP PRACTICE**

Balsall Common Health Centre 1 Ashley Drive Balsall Common Nr Coventry CV7 7RW

Tel: 01676 935000 Fax: 01676 292005 Old School House 200 Main Road Meriden Coventry CV7 7NG

Tel: 01676 522252 Fax: 01676 523865

### Dear Patient

The Balsall Common and Meriden Group Practice are participating in the Summary Care Record Programme. A Summary Care Record is a summary of important information about your health which can be accessed via NHS computers by NHS staff only. This programme offers a real chance to improve patient safety and clinical care while providing important safeguards about consent and confidentiality. It means that if you have an accident or become ill, Healthcare staff will be able to immediately access vital health information about you to help provide you with the best possible care.

The only medical information included on the Summary Care Record at the moment is allergies, repeat prescriptions and previous reactions to medicines.

This information is particularly helpful in the following situations

- If you attend an Out Of Hours Centre, Walk-In Centre or Accident & Emergency
- If you are a temporary patient from another practice and do not have a clinical record on their GP system
- In an emergency situation where the patient is unconscious

In the future the following information may also be added

- Significant Illnesses and Health Problems
- Illnesses that you take regular medication for, such as Asthma and Diabetes
- Important test results and Immunisations

If there is any information that you do NOT want to be included in your Summary Care Record, you must let your GP Practice know

Please note that staff accessing your Summary Care Record must do so with your prior consent on each occasion, so even though you may have a Summary Care Record a member of staff will not be able to view it until they have received your verbal consent.

If however you choose not to have a Summary Care Record, we will need this in writing. An Opt out form should be completed (for children – the parent will need to complete this on their behalf). A copy of this form is attached

If you have any further questions, please do not hesitate to contact the Practice. Additional information can also be found on the following website.

### www.nhscarerecords.nhs.uk

or by telephoning 0845 603 8510 (7.00am - 10.00pm - Every day except Bank Holidays)

Joanne Hope Practice Manager





### Request for all clinical data to be withheld from the summary care record.

| To be completed by the individual (or<br>Please complete in BLOCK CAPITALS  |   |   |
|---|---|---|
| Title   | Surname / Family name   |   |
| Forename(s)   | AND AND ADDRESS OF THE LAND OF THE PARTY.   |   |
| Address   |   |   |
| Postcode  | Tel No  | Date of birth   |
| NHS number (if known)   |   |   |
| What does it mean if I DO NOT have a summary care record? Health-care staff treating you may not be aware of your current medications in order to treat you safely and effectively. Health-care staff treating you may not be made aware of current conditions and/or diagnoses leading to a delay or missed opportunity for correct treatment. | Health-care staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.  If you have any questions, or if you wish to discuss your choices or concerns, please telephone the NHS Care Records Service Information Line on 0845 603 8510. | If you remain unsure about whether or not to have a SCR please contact your participating practice. |
| ignature  |   | Date  |
| Actioned by practice:   |   | Date:   |